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OCTOBER 11 1975 THE NEWSWEEKLY FOR PHARMACY



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**Rural areas
moratorium:
the details**

**Council views
on private
practice**

**'End outside
control of
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GET IN TOUCH WITH YOUR WHOLESALE — FAST

Chemist & Druggist

The newswweekly for pharmacy

11 October 1975 Vol 204 No 4985

117th year of publication

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Comment

The moratorium

Will the moratorium announced this week (p484) prove to be the light at the end of the rural dispensing tunnel, or a black hole of Calcutta? The answer must depend upon personal inter-professional relationships, and the extent of individual goodwill and sacrifice in the overall interests of the patient, for the moratorium shuns anything beyond gentle persuasion.

However, given such co-operation, there-in lies the strength of the agreement since it means pharmacists and doctors coming together to talk about their respective services to the patient. If the doctors set out what they consider the advantages of their own dispensing, the pharmacists may find it possible to organise their service to offer the same advantages. The extra benefits to the community from having a full pharmaceutical service must then become apparent. But if the question remains one of money—that is, doctors' remuneration—no amount of goodwill alone will resolve the dispute.

Secrecy misfires

The Pharmaceutical Society and its Council have long been criticised for bad public relations and bad communication with the membership, but rarely has anything misfired so much as in the case of the recommendation that retail pharmacists should record sales of some medicines considered liable to abuse.

For some inexplicable reason, it was decided to keep the recommendation "secret". For the president to write personally to each member was justifiable, but even that came unstuck for postal or other reasons and eight days after the event some members had *still* not received notification. They looked in vain in the Society's journal for guidance, having heard on radio or television—or worse still, from customers—what they were supposed to be doing. *C&D* going to press on Wednesday had time to insert only a brief outline of the letter when it was received by one member of staff. But already the "secret" had been exploded, and the media were seeking an explanation, one result being a radio interview with the president on Thursday morning.

How could the secret be kept when the Society's recommendation was that the public should be asked to sign for well-known medicines? Indeed, how stupid to consider it a secret! Mr W. A. Beanland last weekend called on pharmacists to take professional decisions, to announce their intentions and to take and stand by their actions (p505). This, surely, was a case in point—if it was right to make the recommendation, it was right to shout about it. But the names of the products involved might have been withheld, leaving it open to pharmacists to nip local problems in the bud by requiring signatures after consultation with the Society's inspector. But, as Xrayser indicates (see p489), the suggested signature routine is not without possible untoward reactions. Regrettably the whole affair arises from the lack of professional control by a few. Surely some less cumbersome means of ensuring their acceptance of responsibility could have been found.

'Gentlemen's agreement' on rural dispensing

There is to be a voluntary standstill on rural dispensing starting this Saturday (October 11), and national and local joint committees are to be set up between doctors and pharmacists in a programme of discussions on the problem.

This was decided at the recent meeting between representatives of the British Medical Association, Central NHS (Chemist Contractors) Committee and the Pharmaceutical Society. The Central Committee has this week issued a memorandum for guidance to secretaries of Area Chemist Contractors Committees, and the BMA is to write in similar terms to Local Medical Committees, with the Department of Health forwarding the memorandum to appropriate NHS area and regional officers and committees. The memorandum details are as follows:

Standstill

1. The standstill will be for a period of 12 months renewable if the discussions about a permanent solution are incomplete and appear to be progressing satisfactorily.

2. It will be a gentlemen's agreement reached between and operated by the professions and will constitute an undertaking each to the other.

3. The Central Committee and the Council of the Pharmaceutical Society give an undertaking to the BMA's General Medical Services Committee to do all they can to dissuade pharmacists from starting to dispense under the National Health Service where doctors already dispense; and the General Medical Services Committee give an undertaking to the Central Committee and the Society's Council to do all it can to dissuade doctors from starting to dispense in an area already served by a pharmacy. This latter undertaking would mean asking all doctors primarily not to transfer patients from their prescribing list to their dispensing list and secondly not to accept new patients on to their dispensing lists unless the patient has moved into, or has changed his address within, an area where a doctor already dispenses, or the patient wishes to change from one practice to another. The only exceptions to this standstill will be where there is local agreement between the two professions that an individual doctor or pharmacist should start or extend dispensing.

4. The professions will set up joint local committees in each Family Practitioner Committee area where there is, or is likely to be, dispensing by doctors under the existing regulations. Each local committee will be composed of three pharmacists appointed by the Area Chemist Contractors Committee and three doctors appointed by the Local Medical Committee. The chairman would be appointed by the local committee from among its membership. The chairman will have a vote but not a

second casting vote. There is nothing to prevent members of the joint local committee also being members of the FPC or its dispensing subcommittee.

5. Each local committee will consider any case where a doctor wishes to start dispensing or to extend his dispensing list, or a pharmacist proposes to dispense under the NHS in an area where doctors already dispense. It will be their function to consider and offer advice on queries arising from the operation of the standstill and to promote an exchange of views between the professions at an early stage whenever a prospective change in existing dispensing arrangements becomes known. The committee will operate solely by professional influence and will seek to arrive at mutually acceptable solutions which avoid doctors or pharmacists taking up intransigent positions on FPCs and dispensing subcommittees.

6. The local committee may ask the National Joint Committee for advice where persuasion at local level is unsuccessful. Nevertheless the local and the national bodies can only use persuasion and both parties accept the possibility of individual doctors or pharmacists refusing to honour the undertaking given by the central bodies and as a consequence there may be isolated infringements for which neither can be held to blame. In these as in other cases the decisions and advice by FPCs, their dispensing subcommittees, and the Department will be based on the present regulations if there is any conflict between this and the informal agreement between the professions.

7. The professions accept that there may be exceptional situations where a binding financial commitment, which might appear to breach the undertaking given by the central bodies, had been entered into by a doctor or a pharmacist before the standstill was announced on October 11, 1975.

National Joint Committee

8. A National Joint Committee will be established consisting of five representatives of each of the professions plus an independent lay chairman appointed by the Minister of State. The chairman will not have an arbitration function but will seek to be helpful to the two professions in arriving at agreed conclusions.

9. The aim should be to find a solution which will secure sensible arrangements for the supply of medicines etc on prescription in the circumstances of each locality and should avoid sudden changes—with consequent effect on income of existing doctors and existing pharmacists—in the arrangements on which patients have hitherto relied. As the circumstances will vary between different localities and in different cases it may be more profitable to look for a procedure which can be

followed in each area than to seek to draw up rules for general application. Nevertheless if a solution to the dispute requires amendment of the regulations or of primary legislation, the Department would be prepared to consider a joint request by the professions.

10. The National Joint Committee will also consider difficult individual cases referred by local joint committees.

11. The professions have requested that the National Joint Committee issue a progress report after six meetings, which it hopes will be by April 1976.

The Minister for Health, Dr David Owen, is due to give a public indication of his support for the standstill this week, and he will later announce the name of the National Joint Committee's chairman after consultation with the professions. The other members of the Committee will be: pharmacists: J. Bannerman, G. T. M. David, D. L. Coleman, R. Dickinson, and J. Charlton; doctors: M. A. Wilson, G. Cormack, D. J. D. Farrow, R. J. R. Lewis and A. J. Rowe.

Urgency of action

The Central Committee say it is important that the new joint local committees should be set up as soon as possible in areas where there is, or is likely to be, dispensing by doctors. The reason for the local committees is that *formal* decisions taken and advice given by FPCs and the Department during the period of the standstill will have to be based on the current NHS Regulations if there is any conflict between this and the informal agreement reached between the professions. It is therefore necessary to have joint local committees which can work within the framework of the gentlemen's agreement between the two professions.

The Central Committee also recommends that one of the pharmacists appointed by the ACCC should not be in practice in an area affected by doctor dispensing. There is nothing however to prevent pharmacist members of an FPC or its dispensing subcommittee from being appointed to the new committee "and indeed there would appear to be a clear advantage" in one of the FPC's pharmacist members being appointed to it.

Unichem clarify policy

Unichem Ltd last week issued a statement to clarify its policy on supply to dispensing doctors.

Mr M. Frith, chairman, says that if the company extended its service to dispensing doctors, it "would be a contradiction of our basic aims, and would work against the interests of the people the organisation was founded to serve." Unichem uphold the argument that retail pharmacies are a valuable and irreplaceable part of the health service, forming "one of the most efficient and cost-saving sections of the NHS while providing a source of proprietary drugs under tighter surveillance" than other commercial outlets.

A rigid policy had been established from Unichem's creation in 1938. Where a wholesaler had been acquired which had supplied dispensing doctors, "our policy has been to continue supply only for such periods as is necessary for alternate arrangements to be made."

Striking off for 'forgery' pharmacist

A pharmacist convicted of defrauding the NHS through improper dealings with three local doctors, was ordered to be struck off the Register by the Pharmaceutical Society's Statutory Committee on Monday.

Describing it as "a very sad case", the chairman, Sir Gordon Wilmer, told 47-year-old Mr Hugh Ronald Eyre, of Beaconsfield Road, Bickley, Kent, that the Committee had come to their conclusion in the interests of the public and to uphold the honour and the good name of the profession. Sir Gordon directed that a transcript of the Committee's judgment should be sent to the General Medical Council to draw their attention to the Committee's view of the deplorable practice of doctors leaving blank prescription forms with pharmacists.

At the Old Bailey earlier this year Mr Eyre received a suspended sentence of 18 months imprisonment and was fined £1,000 after pleading guilty to 21 charges of forgery (*C&D*, May 10, p631).

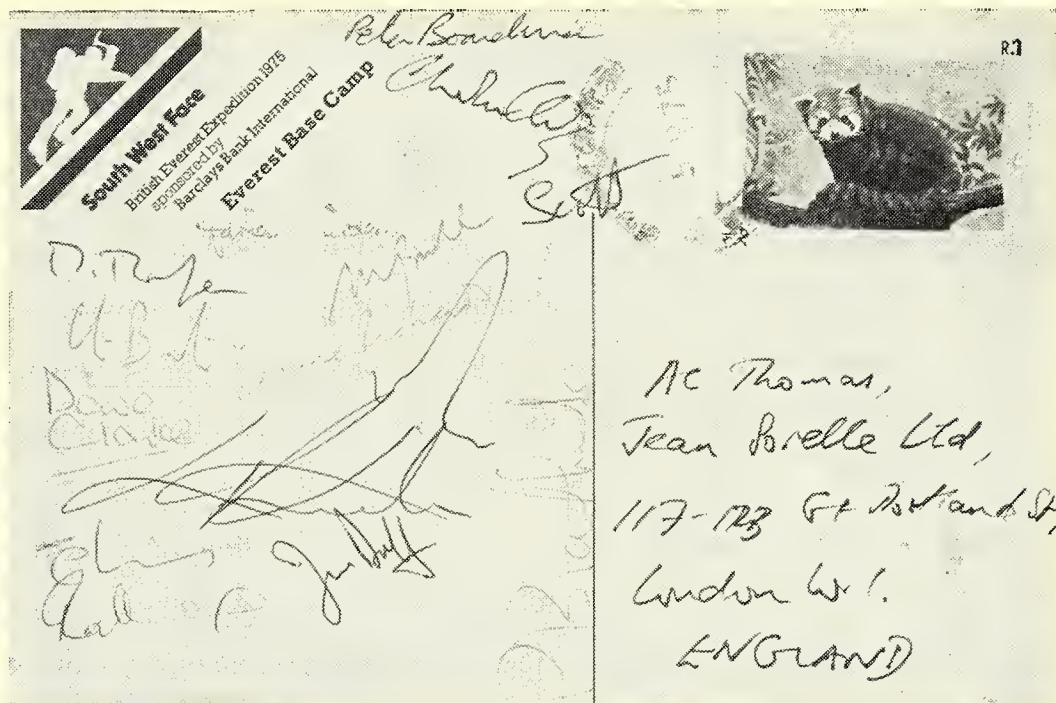
Sir Gordon said the Committee had been told that the true magnitude of the fraud would never be known. It had arisen through what he could only describe as improper dealings between Mr Eyre as a pharmacist and the three doctors who participated in the procedure. The whole trouble arose out of a habit of local doctors leaving with pharmacists blank NHS prescription forms.

Helped themselves

With Mr Eyre's agreement the doctors were in the habit of helping themselves to items of cosmetics, toiletries and, in some cases, medicine from his pharmacy. In return they presented him with a number of samples which they had received from wholesale chemists. As time passed Mr Eyre found that the doctors' samples by no means balanced the value of the articles which the doctors had taken. So he then took to using blank forms for the purpose of writing imaginary prescriptions which were never dispensed. These were duly sent to the pricing bureau.

Of the three doctors, one died before his trial took place, one escaped any proceedings and the third was tried and acquitted. It appeared that this doctor trusted Mr Eyre implicitly.

Mr Eyre, who qualified in 1951 and bought his business in Sherwood Park Avenue, Sidcup, in 1954, told the Committee the offences were committed when he was under considerable pressure. His wife who had helped him, became ill and then lost interest in the business and, on her recovery, she left him. They were divorced in 1972 and he remarried the following



Piz Buin reaches the top: the climbers on the recently successful Everest South-west Face expedition were all equipped with supplies of Piz Buin sun protection. A post card, signed by the climbers, was received by Jean Sorelle Ltd, UK distributors of Piz Buin, to mark the success of the expedition

year. In 1973 a state had been reached such that if he had endeavoured to pull out of the arrangement, irreparable damage would have been done to his business and a large proportion of his livelihood would have been taken away.

Mr John Michael Williams, 37 formerly of Govilon, Abergavenny, and now of Flackwell Heath, High Wycombe, made his fourth appearance before the Committee following a conviction at Merthyr Tydfil in 1972 for theft and falsification of accounts at Monmouthshire County Council's health centre at Park Place, Tredegar. He was warned by Sir Gordon that he would be "struck off" if he failed to clear his outstanding debt with the Council—now Gwent County Council—by next February. He still owed £465 of the £1,098 original debt.

In evidence Mr Williams produced a cheque for £300 which, he said, he would be posting to the council. He also promised to pay off the balance at a minimum of £10 a month.

A pharmacist convicted at Cardiff earlier this year for stealing £1,723 from the Porth, Rhondda, pharmacy of his former employers, D. H. Maddock & Co Ltd, was reprimanded by the Committee. Sir Gordon told Mr Ben Jones, now a pharmacist at Cwmbach, near Aberdare: "We will not take the drastic step of striking your name off the Register today. But we must administer a reprimand for what you have done and keep your case alive by adjourning sine die." The chairman also warned Mr Jones that the Committee would, in any event, wish to see him again in 1978 by which time he should have repaid the money he had taken.

Mr Jones had pleaded guilty at Cardiff Crown Court in March to the offence. He was given an 18 month suspended sentence and ordered to repay the money at the rate of £10 a week. Mr Jones said he was repaying the money regularly.

Two more pharmacists were ordered to be "struck off" on Tuesday. They were Mr Donald Munro, Glasgow, and Mr John Hamilton Glass, Cumbernauld.

Companies support controls on sales of 'abused' drugs

Companies whose products are named as "liable to abuse" in the letter to pharmacists from the president of the Pharmaceutical Society (last week, p445) were not consulted in advance. However, all three support the additional controls recommended if it is believed there is a problem—though the manufacturers appear in the dark about that.

Mr C. D. Wilson, managing director of J. T. Davenport Ltd, makers of Collis Browne's Compound, regretted the inconvenience to customers but thought they would understand the need to prevent a minority misusing the product. However, it had been stated by the Minister for Health that reports of addiction to chloro-dyne were "very few."

A spokesman for Parke Davis, makers of Benlylin with Codeine, said the company had immediately withdrawn the pharmacists' bonus because if there was a problem they wanted to help reduce it. If they had been approached by the Society they would have taken whatever action they could.

The president's letter, which some pharmacists had still not received at the start of the week, was said at the Council meeting to have "been posted at the end of September to avoid increased postal charges".

August sales up 18 per cent

Sales by chemists and photographic goods dealers during August were 18 per cent higher than they were in the same period last year, according to the Department of Industry's retail sales index. This rise, which was also 18 per cent for independent chemists, brings the index for all chemists to 189 (1971=100) and for independent chemists to 180, and compares with a rise of 16 per cent (to a new index of 168 for businesses generally. NHS receipts are not included in the index.

New association to help sellers of animal medicines

A trade association to help retailers of animal health products has been formed. The British Distributors of Animal Medicines Association Ltd was formally inaugurated by a first annual meeting held recently in Stratford on Avon.

The association aims to protect the interests of all types of retail distributors of animal health products in respect of current and pending legislation; to negotiate with Government departments, other associations and manufacturers; and to enhance the reputation of the trade by the provision of training facilities, by persuading members to use a code of good trade practice and by making available to members a wide range of services.

There are six pharmacists on the elected council of 10 members and the chief executive and secretary, Mr Sydney Bootland, is also a pharmacist (see p489).

Mr T. G. Jeary, vice-chairman, told *C&D* that the association did not necessarily intend to campaign for restriction of animal medicines to pharmacies but would help to implement in the best possible way any Government decision regarding distribution.

BDAM will establish offices at Macclesfield, Ches, but in the meantime inquiries should be addressed to the chief executive, BDAM, Ebor, Peters Close, Prestbury, Ches SK10 4JQ.

Profession 'overlooks crucial argument'

The pharmaceutical profession seems to have overlooked a "crucial argument" in its deliberations over how to deal with the closure of "corner shop" pharmacies, according to Mr T. Albert, writing in the *Guardian* on Monday.

Mr Albert suggests that perhaps the only real solution to the problem is to replace the present "mixed economy" network of pharmacies with "a national service of full-time pharmaceutical specialists" who would keep patient's records and monitor their treatment. They would be paid by the NHS "according to the number of patients they have on their books"; but the profession is "terrified" by the idea.

Mr Albert comments: "It seems that the crucial argument is overlooked by the profession: the present system of payment according to the sheer quantity of dispensings, plus the proceeds from commercial sales, must be replaced by a system which gives payment according to the service given. Unless there is a clear distinction made between 'clients' and 'customers', there must always be doubts as to whether the advice and information given is always completely impartial. People who pride themselves on being

professionals should not organise themselves as shopkeepers."

Mr T. Astill, deputy secretary, National Pharmaceutical Union, was able to reply to the criticism on an early morning news programme on Radio London this week.

Labour Party delegates in new 'nationalisation' call

Delegates at the Labour Party Conference last week passed, with acclaim, a multi-point composite resolution on the NHS proposed by the National Union of Public Employees. The resolution, which rejected cuts in the NHS, included calls for: an immediate substantial increase in expenditure, with such expenditure linked in the future to price and wage indices; a fully free service at the point of supply with complete abolition of prescription and dental charges; and a rapid removal of private practice from the NHS.

A demand for the public ownership of the pharmaceutical industry and other major suppliers to the NHS was included, together with a call for a state monopoly over the import and export of drugs and medical supplies. The resolution's final point was a request for a major white paper on the future of the service for the next 10 years, to be produced within a year. The resolution urging an inquiry into pharmaceutical facilities (last week p444) was not discussed.

Call for more haste on EEC competition policy

In the present situation on EEC law, companies are often put in the position of not knowing whether a contract or agreement complies with the law despite the best legal advice available.

This view is put forward in a report drawn up recently by European Parliament's Committee on Economic and Monetary Affairs which comments on an earlier report of the EEC Commission on

its competition policy. The Committee feels that the drawing up of an unambiguous EEC competition policy is proceeding far too slowly, and urges the Commission to intensify its attempts to formulate such a policy. "Clear rules would make it easier for the undertakings themselves to adapt to the Community's desired competition policy, thereby avoiding any conflict with Community legislation," the report adds.

Doubt about salicylate risk during pregnancy

An American doctor has criticised a recent finding that women who take salicylates regularly during pregnancy run higher risks of complications during birth (*C&D*, August 30, p258).

Dr M. H. Ellman, Michael Reese Medical Center, Chicago, writing in *The Lancet* last week, points out that the patients in the study had taken powders containing caffeine, phenacetin or salicylamide as well as aspirin so the ill effects could be caused by the combination of drugs. And patients who chronically consume analgesics may do so because of underlying disorders: recurrent headaches, dysmenorrhoea or "nerves" do not represent "normalcy", he believes.

Apple Blossom undertaking

Helena Rubinstein Ltd have withdrawn the passing off action which they had instituted against Mr J. Scott and Liberty Cosmetics Ltd, with regard to Apple Blossom products. Mr J. Scott and Liberty Cosmetics Ltd have given an undertaking not to use the mark Apple Blossom in the future and have agreed to pay nominal damages to Helena Rubinstein.

'Few complaints' about OTC medicines advertising

Over-the-counter medicinal products is one area of advertising which excites some criticism but gives rise to remarkably few consumer complaints, according to the Advertising Standards Authority Annual Report 1974-75.

A "very small proportion" of complaints to the ASA are from people who say that they themselves have been misled by an advertisement of this kind. The report suggests it might be worthwhile for a project to be carried out into how the "man in the street" interprets such advertisements and comes to buy the products advertised.

Mrs J. Vasey, receives a £1,000 cheque from Mr D. Head, Wellcome area manager, the first prize in the Saxin '£1,000 Dream Kitchen Competition'. Also present are representative Mr H. Baldock and (right) Mr G. Guernier, the pharmacist who supplied the winning form



It's time this cut-throat market got something new.

Special Trial Price saves up to 16p

39p
TRIAL PRICE

New economy size lime or regular

Erasmic Superfoam
creamy shaving lather

NEW FORMULA

New foam, moister, creamier

fresh lime

Fresh new tingle

Special Trial Price saves up to 10p

25p
TRIAL PRICE

Popular large size regular or lime

Erasmic Superfoam
creamy shaving lather

NEW FORMULA

New foam, moister, creamier

regular

New woody tang

The name's still Erasmic but just about everything else is new.

Take the foam. Erasmic addicts will soon feel how much moister and creamier the lather is. On the face—and as the blade glides gently through.

Both perfumes are new, Fresh Lime and a Regular with a woody tang.

A new choice of sizes too. The ever popular large size, and a new economy

size which gives heavy users superb value and twice as much foam!

It's all there on the packs. Together with special trial price offers, big and bold, to top the lot.

Put new Erasmic where it can be seen. It won't stay there long.

Erasmic
Creamy shaving lather.



Elida Gibbs Ltd
The Brand Builders

Beecham announce

Talpen

talampicillin

a major advance on ampicillin

Talpen is particularly well absorbed in comparison to ordinary ampicillin

**Peak blood levels are twice as high
and are usually achieved in half the time¹**

The incidence of diarrhoea is greatly reduced²

The t.i.d dosage is more convenient.



Following oral administration, Talpen is particularly well absorbed and rapidly hydrolysed to give high blood levels of ampicillin. Talpen makes more ampicillin available more quickly.

Talpen has proven its reliability over a wide range of infections, including respiratory infections, where it has achieved a 95% success rate². It has also been shown² that with Talpen there is significant reduction in the incidence of diarrhoea, a common and sometimes troublesome occurrence with oral ampicillin.

Availability & Basic NHS Price:

Red film coated tablets engraved Talpen on one side. Each tablet contains 250mg of the ampicillin ester, talampicillin hydrochloride.

The tablets are packed in bottles of 30's, 100's and 500's. Basic NHS price: £6.50 for 100 tablets.

Further information for pharmacists is available on request.



Talpen* (talampicillin) is a product of British research from:
Beecham Research Laboratories Brentford England
A branch of Beecham Group Limited PL 0038/0209 *regd.

Talpen talampicillin makes ordinary ampicillin... ordinary

1. Jones, K.H., et al, 1975, to be published 2. Knudsen, E.T., Harding, J.W., 1975, in press.

People

Mr G. A. C. Pitt, formerly production manager, Bush Boake Allen Ltd, and now a management consultant to the cosmetic industry, has been re-elected secretary of the International Federation of Societies of Cosmetic Chemists. **Mr R. Clark**, Unilever Research, Isleworth Laboratory is immediate past president. The president is **Dr Vera Lodi**, Italy, the first woman to hold this position.

Professor Sir Ronald Edwards, former chairman and chief executive and now president of the Beecham Group, took up his appointment as non-executive chairman of British Leyland last week. Originally an economist and an accountant, Sir Ronald was chairman of the Electricity Council for six years before joining Beechams and becoming chairman in 1968. He became president in May this year.

Mr Sydney Bootland, MPS, is the chief executive and secretary of the new British Distributors of Animal Medicines Association Ltd. Mr Bootland has had more than 40 years' experience of both trade and manufacture in the animal health market and has served on the Pharmaceutical Society's agricultural and veterinary sub-committee. He recently took early retirement from ICI pharmaceuticals division after 28 years' service. **Mr B. Lazonby**, MPS, Grimsby, has been elected chairman and **Mr T. G. Jeary**, MPS, Calne, vice-chairman (see also p486).

Deaths

Donald: Recently, Mr David Donald, in hospital at Aberdeen. Mr Donald qualified in 1934 and was in business at Hopeman.

Lawrie: On September 20, Mr Charles Norman Lawrie, MPS, 19 Ruthven Street, Hillhead, Glasgow 2. Mr Lawrie qualified in 1924.

News in brief

□ The British Medical Association has told the working party considering whether oral contraceptives should be more readily available, that if a nurse prescribed these drugs it should be done only under the supervision of a doctor who would have final responsibility.

□ A new three-storey store for Boots Co is to be built in the Commercial Road pedestrian precinct, Portsmouth, by building contractors J. Jarvis. The new store, to be completed in November 1976, will have a floor area of 4,800 sq m, three lifts, an escalator and will be fully air-conditioned.

□ The Department of Industry's laboratory of the Government chemist is holding open days for scientists on October 22 and 23. Health interests featured will include tar and nicotine contents of cigarette smoke and quality control of medicines. Details from the laboratory at Cornwall House, Stamford Street, London SE1 9NQ.

Topical reflections

BY XRAYSER

Additional controls

A letter, over the signature of the president of the Pharmaceutical Society (Mr J. P. Bannerman) has been sent to pharmacists, informing them of a recommendation by the Council in regard to the sale of three preparations which are already controlled.

I am not satisfied of the wisdom of singling out those three items for special treatment, nor am I convinced that it is only a small number of medicines which is causing problems. I could add considerably to the list, but what the President's letter asks us to do is to put the three items into a special category by keeping a special register for the recording of all sales, complete with date, name and address and customer's signature, thereby removing them from the class into which regulations have put them and making them, in effect, Schedule I poisons—which they are not.

I think the objective of reducing excessive demand and consumption of the medicines is a desirable one, but I am far from satisfied that the suggested method is the best way of accomplishing it. It must inevitably disarm suspicion in the case of demands for other preparations and thereby tend to affect control in general. The pharmacist must always be in a position to play his part as public adviser in the sale and supply of all medicines, and I cannot think that arbitrary action of the kind recommended is likely to do other than irritate. The professional attitude of the pharmacist and his integrity will ensure that there is no need for separate controls going beyond the existing legal requirements. It is only when pharmacy fails in its professional responsibility that central government intervenes. The whole matter seems to me to bear the imprint of undue haste and insufficient thought.

Letters

Life support for oxygen

When will our negotiating team get in touch first with the people concerned? We have just been awarded an "increase" in remuneration for our Oxygen Service—I use that term lightly, for it is more like a philanthropic donation. The only good case for the acceptance of this new system of payment, is that we can receive our "hand out" monthly, whether our sets are out in use or not.

In my case, my 26 sets are all regularly out, as are the sets belonging to the two other chemists who locally give this service; the town of Bedford at the moment cannot cater for any new cases, and the chemists are not prepared to invest in new equipment.

For those of you who only look on at this situation, here are the facts:

Payment prior to October 1, 1975 only if a set is actually out in use: First month £1.90; Second month £1.25; Third month and thereafter £0.60. Thus, for 12 months, payment is £9.15. For next 12 months, payment is £7.20 etc.

The cost of new sets as at January 1,

1975, was £30.24 including VAT (non-retrievable). Thus, it took 48 months to get your money back, let alone turn it into an investment. If we provided a stand, at a cost of about £7.00, we got no payment at all.

Now, under the new scheme, accepted for us, we get: Payment £0.74 per month, whether set is in use or not. This means it only takes 41 months to cover our costs, and not 48! We do, however, get paid for a stand, at 14p per month, which also will take over four years to recoup.

The crowning factor is maintenance—at our own expense! B.O.C. state that due to the working parts involved, they can only guarantee the sets for six months, and in fact they do not last much longer than that in regular use: none of my sets is over 2½ years old, and already eight have had to be serviced, at an average cost of £16.00 + VAT.

I have given these figures to my local FPC and contractors committee, who have taken the matter to the Central Contractors Committee, but we only get wordy letters in reply, and no action.

My conscience tells me to provide the service, but my business sense tells me to give it up. For goodness sake, sort it out, and soon, before "giving a service" causes more pharmacies to close.

A. H. Kidman
Bedford

Introducing Vicks MediNite



VICKS
MediNite
NIGHTTIME
COLDS MEDICINE

AT BEDTIME... RELIEVES MAJOR COLD SYMPTOMS FOR HOURS
T YOU GET THE RESTFUL SLEEP YOUR BODY NEEDS.

180 ml.

The Nighttime Colds Medicine
For multi-symptom relief.

A major advance in colds' relief...

New Vicks MediNite is a medically approved multi-action treatment for the relief of colds and 'flu symptoms.

Though there is no cure for colds, this new medicine does more in a single measured dose to relieve more colds' symptoms than any one proprietary remedy has before.

...that's taken at night...

Vicks MediNite is a night-time colds medicine. Taken before going to bed, Vicks MediNite quickly works to relieve all the major colds' symptoms and goes on working to let the colds' sufferer get the restful sleep his body needs through the night.

...to relieve major colds' symptoms...

Vicks MediNite treats all the major colds' symptoms in a single 30 ml. measured dose.

<u>Symptom</u>	<u>Vicks MediNite Active Constituents</u>	<u>Each 30 ml. contains</u>
Blocked nose and sinuses	Ephedrine Sulphate	8 mg
Swollen irritated mucus membranes. Sniffles and sneezes	Doxylamine Succinate	7.5 mg
High temperature Headache Muscular Pain	Paracetamol	600 mg
Cough	Dextromethorphan Hydrobromide	15 mg

These active constituents are taken in a soothing syrup to ease sore throats and to complete the colds' treatment.

Introduced into Test Market last year, Vicks MediNite quickly established itself as the leading proprietary cough and cold product in pharmacies.

Vicks MediNite is supported by a wealth of clinical trial data and sales success in the United States and Britain.

You can recommend it with entire confidence.

Vicks MediNite The nighttime medicine for multi-symptom relief

New products

Family planning

Searle launch sheaths

Akwell division of G. D. Searle & Co Ltd have launched Horizon contraceptive sheaths in Scotland, Lancashire, Trident and Border television areas. There are three brands with a "sculptured" shape designed for greater comfort and security, with the odourless lubricant SK70.

Conture (pack of 3, £0.27) is the basic "naturally transparent" sheath; Tahiti (3, £0.30) is available in five colours—blue, green, pink, red and black; and Stimula (3, £0.35) has a lightly ribbed texture said to stimulate sensitivity in the woman.

Trade bonuses of 24 packs on 48 are available through wholesalers, with a bonus of a further 24 packs if the products are still on display after three months. Display material includes a wire stand, showcards, door and till stickers and shelf strips. Advertising started this week in *Scottish Daily Express* and the northern region *Daily Express*, *Daily Mirror* and *News of the World*, with a national equivalent of £200,000 being spent.

Akwell division, which was recently acquired by G. D. Searle & Co, have been manufacturing sheaths in the USA for over 40 years and the products are brand leaders in several countries. According to Mr Nicholas Hall, marketing director, a brand similar to Stimula became brand leader in Sweden within three months and has remained so for two years.

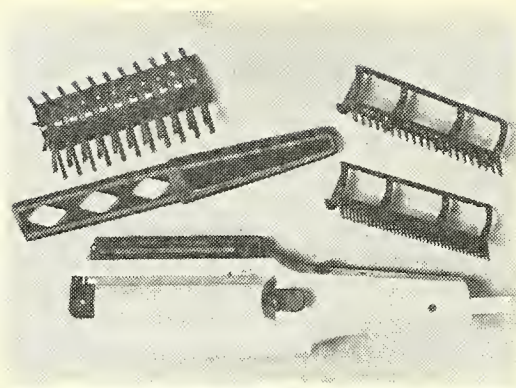
Although there have been suggestions that the market for sheaths will decline with the increasing popularity of oral contraceptives and the extension of NHS family planning facilities, Mr Hall believes the market will grow with the introduction of new varieties. Consumers who had previously been dissatisfied with the sheath are expected to return to this method of contraception as the market becomes more innovative. In addition, Mr Hall hopes the new range will encourage younger people to use a contraceptive who otherwise would not.

It is hoped that the Horizon range will be available nationally by mid 1976 (Akwell division, G. D. Searle & Co, High Wycombe, Bucks).

Babycare

Smooth-necked feeder

A smooth-necked polycarbonate feeder has been added to the Griptight Freflo range. It has a rimless neck with "no raised edges to trap germs" and the lower part has flexible walls which can be squeezed gently to prevent airlocks. A special introductory offer (£0.35 instead of £0.41) with a free teat cover is available. Advertisements are appearing in women's magazines, mother and baby, and nursing Press (Lewis Woolf Griptight Ltd, 144 Oakfield Road, Selly Oak, Birmingham).



Water-filled teether

Tommee Tippee have designed a water-filled teether in three colours—yellow, blue and orange.

The teether (£0.59) is filled with sterilised water and when cooled is soothing for babies' gums. The ring has "Tommee Tippee" drinking from a mug attached and is available in packs of 12 (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).

Haircare

Philips go misty

Philips have launched a variation to complement their hair styler set. The new model (HP4117—£18.49) contains all the features of the earlier set, with the addition of a spray attachment to moisten hair while styling. Misty lightweight hair-styler-dryer provides hot air for rapid drying and a warm air flow for styling. It has a brush for back-combing for light, fluffy styles; a fine comb for curls and natural waves; and a wide-toothed comb to smooth out long hair. There is a thermal cut-out to prevent over-heating and it is BEAB-approved (Philips Electrical Ltd, Century House, Shaftesbury Avenue, London WC2H 8AS).

Home highlights kit

From Clairol comes a new concept in home hair colouring—"hairpainting" with Quiet Touch. Hairpainting is a system which enables women with light brown or blonde hair to paint highlights onto the hair.

First introduced in the US in March this year, the product is said to have met with success and was on test in the Manchester area in May.

The Quiet Touch (£2.25) pack illustrates the brush-on technique and contains hair-highlights powder, lotion, mixing tray, stirrer, brush and instruction leaflet. The powder and lotion are mixed and painted in streaks onto dry hair and left for 15-20 minutes, after which it is shampooed and dried leaving "sunny highlights". The product is suitable for anyone with light brown to

Now! at last...Hairpainting with Quiet Touch



blonde hair, and therefore there is only one shade.

Clairol plan to spend over £140,000 on advertising and promotion. Advertising includes double and single page spreads in *Woman's Own*, *Cosmopolitan*, *Look Now*, *19*, *Loving*, *Annabel*, *Over 21*, and will appear first in December (Bristol-Myers Co Ltd, Stamford House, Station Road, Langley SL3 6EB).

Cosmetics and toiletries

Floater for Christmas

G. B. Kent & Sons have launched Floater, a real bristle nail brush packaged in a handy-to-hang blister pack, in time for the Christmas gift season. Featuring three main shapes—a piglet, a duck and a bear—the brushes (£0.34) float in water. As part of a special promotion on this line Kent have lowered the minimum drop and will accept an order of one dozen of each shape and pay any postage on the package (G. B. Kent & Sons Ltd, 24 Old Bond Street, London W1).

Hand cream from Estée Lauder

Estée Lauder have introduced Maximum Care hand creme (£3.25), a concentration of emollients and conditioners to moisturise and lubricate the hands and soften cuticles to a "smoother, supple texture". It has a light, "fresh-air" fragrance and is packaged in a handy portable tube (Estée Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1).

Bath salts in sachets

From this month, Luma medicated bath salts are available in sachet form. The new, attractively-designed Luma sachets come in an eye-catching 24-pack display outer.

The original 750g drums will still be available, with improved foil seals (Earex Ltd, 3 Miles Buildings, Bath BA1 2QS).

New from Eylure

New Eylure Easifix Lashes (£0.85) have a pre-curved band for speed of application and are presented with the lash band displayed free.

The pack contains an applicator vial, and has easy-to-follow instructions.

Continued on p497

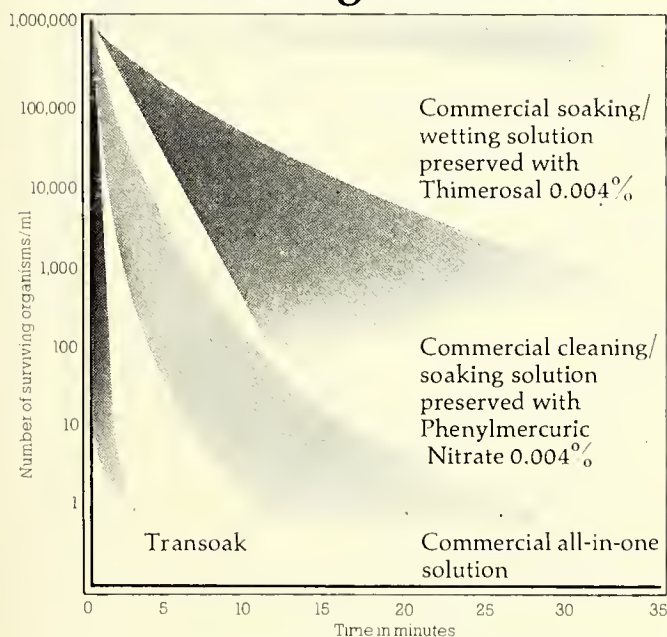
Transoak: hard on bacteria, soft on the lens

Transoak[®] rapidly kills most organisms commonly found on hard contact lenses. In tests against *Pseudomonas*, *Staph. aureus*, *E.coli* and *Aspergillus niger* Transoak soaking and cleaning solution killed all bacteria in less than five minutes.

But if Transoak is rough on bacteria it is also gentle on the lens. Transoak contains a special group of strong but safe compounds with more cleaning power against such contaminants as tear fluid proteins.

And Transoak also gently hydrates the lens to prevent drying out.

The rate of kill of bacteria by Transoak and other contact lens soaking solutions



The bands on the graph represent the results of separate experiments with three common bacteria of significance in ophthalmic infections: *Staphylococcus aureus*, *Pseudomonas aeruginosa* and *Escherichia coli*.

From the graph it can be seen that Transoak killed the test organisms in less than five minutes.

Transoak-the effective cleaning solution

Removal of ¹³¹iodine labelled serum albumin (tear fluid protein)

Test Solution	Mean Residual Radio-activity. Counts per min (over 4 readings)
Tapwater	84.8
Distilled water	102.3
Solution A	19.6
B	17.7
C	81.3
D	15.0
TRANSOAK	10.1

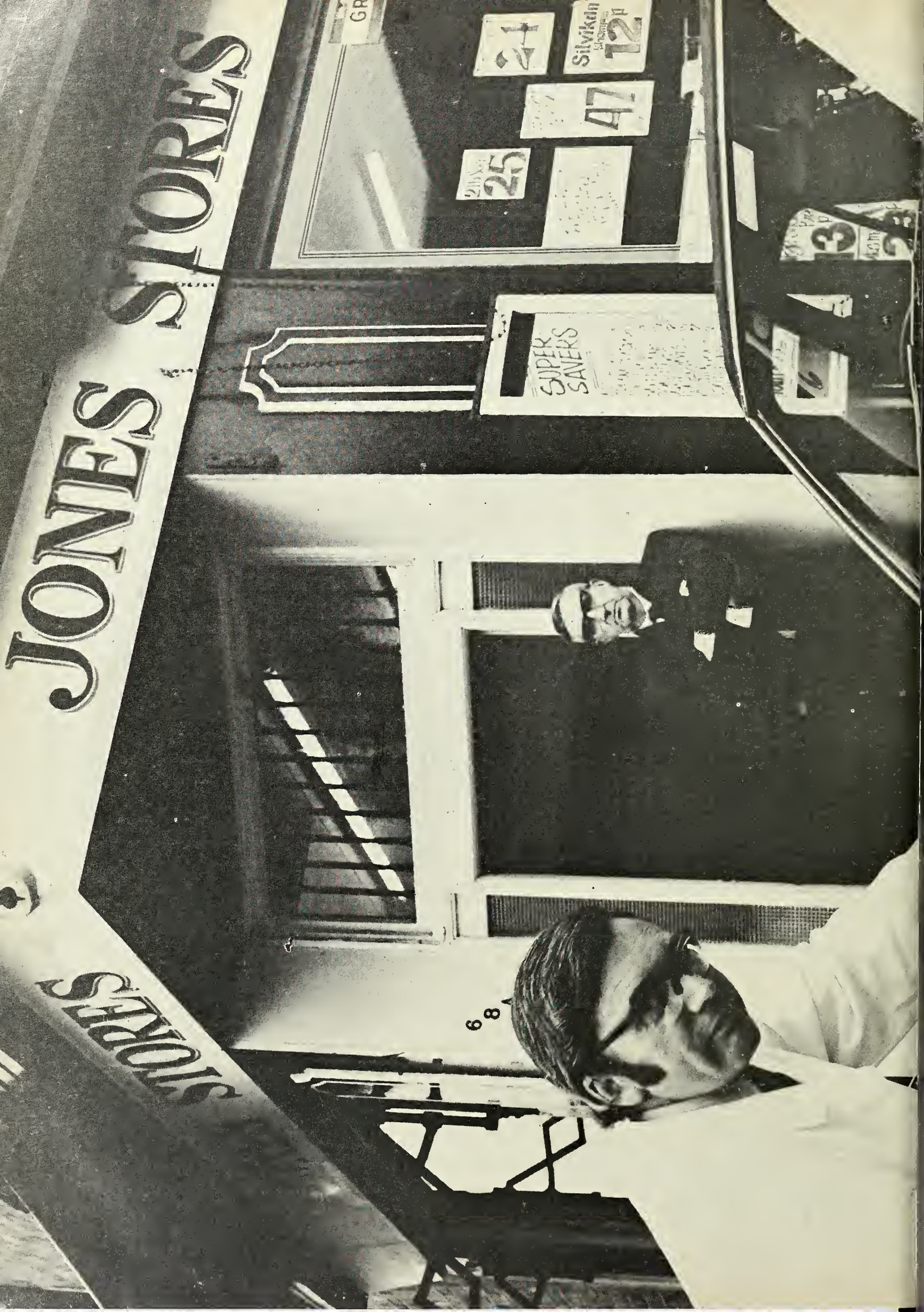
Test for cleaning power

Lenses were contaminated with serum albumin radioactively labelled with iodine, allowed to dry and then immersed in Transoak and the test solutions. The residual contamination was then measured.

From the data it can be seen that Transoak effectively cleans the lens of common contaminants such as tear fluid proteins.



Smith & Nephew Pharmaceuticals Ltd., Welwyn Garden City, Hertfordshire.



JONES STORES

STORES

GR

24

Silvikdn
12

47

25

SUPEK
SAVERS

68



Do you employ your staff or just use them?

Every time you give someone a job you give yourself one too. The job of ensuring that your new employee is systematically trained and given a clear role with well-defined responsibilities. People who know what they're doing do it well... and their firms do well too. Throw people into a rat race and you're just asking to get left behind on a sinking ship.

If you'd like to stop using people and start employing them, the D.I.T.B.

can help—especially if you are a levy payer. We'll advise you on setting up a training scheme, provide a whole range of training aids, and give you a grant plus bonuses if your training meets certain standards. You may even qualify for the Distributive Training Award—the top trainers' symbol. Make a start by posting the coupon.



You know training pays

To: Distributive Industry Training Board, MacLaren House,
Talbot Road, Stretford, Manchester M32 0FP. Tel: 061-872 2491

☐ Please arrange for a training adviser to visit.

Please send me:

- ☐ Grants & Guidelines No. 4 (For the past year)
- ☐ Grants & Guidelines No. 5 (For the current year)
- ☐ Details of DITB Film and Video Services.
- ☐ Details of DITB Library Services.

Name _____

Position _____

Company _____

Address _____



**Distributive Industry
Training Board**



How Innocent

Sweet little old ladies, mums with prams, busy executives on their lunch hour. To buy or not to buy. That's the decision. Or maybe it's not.

If you're in a retail business there are certain facts you must face. The chances are pretty good that you are suffering growing losses through what is quaintly called "shrinkage". You may not like to admit it but a look at the figures will prove that we're right. No one knows just how big the problem is, but experts estimate that the losses in the U.K. are running as high as £100,000,000 per year. That's a lot of shrinkage.

There's no question that the vast majority of your customers are honest. Yet crime statistics are on the rise. Professional shoplifters are getting older and are using more sophisticated techniques. Amateurs are giving in more frequently to temptation.

There are two things that can be done to improve the situation. And we do them both. First, discourage shoplifters from trying. Second, catch them when they do.

ITC provides closed circuit television security systems as sophisticated as the people they are designed to deter.

The very presence of a closed circuit television camera in a store will deter even the most hardened professional shoplifter. And it will permit your security conscious personnel to keep a check on everyone else.

Whether you need a simple one or two-camera system with one monitor or a sophisticated multi-camera, multi-monitor system with video tape recorder and two-way intercom, ITC has the system that's just right for you, at a cost that makes sense. An ITC CCTV security system can save

you pounds at a cost of just pennies a day.

And what we do for retail stores we can do for offices, hotels, factories, hospitals....and places where it's vital that you keep an eye on what's going on.

Your ITC sales engineer has all the details. He would be pleased to discuss them with you and to survey your premises and recommend a CCTV system that's ideal for your specific needs.

For information write to ITC Ltd., 261 Sefton House, Exchange Buildings, Liverpool L2 3RD. Or call 051-236 2774.

itc Independent Telecommunications Consultants Ltd.

We'll help you keep an eye on things

Regional Sales and Service offices in London, Birmingham, Leeds and Bolton.

New products

Continued from p492

The lash band is shaped to the contour of the eyelid and the lashes rest on the Easifix eyelash tray. They come in three varieties: Naturalites; Fashion Easilash; Easiundies (Eylure Ltd, Grange Industrial Estate, Llanfrechfa Way, Cwmbran, Mon).

Trade News

Medicine cabinet

Sterling Health Products, Surbiton, Surrey, are currently running a consumer offer of a bathroom cabinet with a lockable section for medicines, for £7.49 including postage and packaging, representing a saving of almost £5.00 on the manufacturers' recommended price of £12.35. The offer results from a survey carried out by Gallup Poll for Sterling Health that showed that 80 per cent of homes in this country are without a lockable medicine chest or bathroom cabinet.

As well as the lockable section the cabinet also has storage space for bathroom toiletries covered by two sliding glass doors. The offer will be shown later on pack.

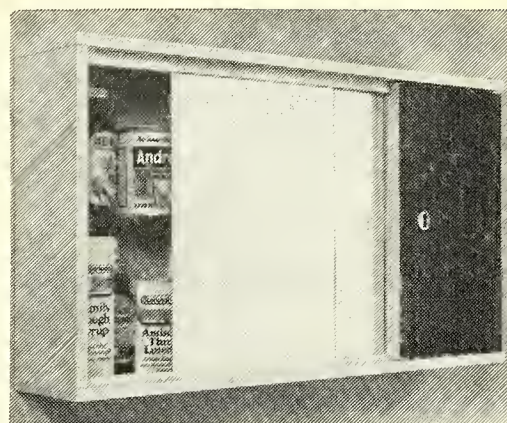
Sales distribution change

Rand Rocket grooming and nurses' scissors ranges will be distributed by the sales organisation of Fontarel Ltd, Servier House, Horsenden Lane South, Greenford, Middlesex UB6 7PW.

Tuffy Tails coupons and cinema tickets

The "biggest coupon promotional offer ever made in Britain" is being launched this month by Modo Consumer Products, Modo House, Chichester Street, Chester CH1 4BP, in support of Tuffy Tails disposable nappies. Over four million 25p-off coupons are being distributed among mothers throughout the UK through advertisements in the national Press and are redeemable on packs of 20 and 30 nappies.

Another promotion aims to boost sales through pharmacies: one cinema ticket is being given away with every case of Tuffy Tails or Tuffy pants ordered from Uni-



chem salesmen. The idea is that the tickets—valid at any Odeon cinema until March 1976—are used either by the pharmacists themselves or as staff incentives.

Valderma re-launch

Valderma is being re-launched under the theme "Valderma is a spot's worst friend" by Reckitt Products, Reckitt House, Stoneferry Way, Hull. Valderma cream has been reformulated and both the cream and soap have been repacked in bright and eye-catching wrappers.

The re-introduction is to be supported by a campaign of full-page colour advertisements in the teenage Press, and the continuation of the weekly Valderma "Stars horoscope show" on Radio Luxembourg.

Price corrected

The nett cost price of six 85-cc Colgate dental cream is £1.365 and not as stated through a printer's error in last week's Apocaire advertisement (p479).

Slinky bandage promotion

Cuxson, Gerrard & Co Ltd, Oldbury, Warley, West Midlands, are promoting Slinky, their lightweight stretch bandage, through hospital journals. The bandage may be used in place of white open weave, conforming or, in many instances, crepe bandage. It does not fray and may be washed or autoclaved so can be used several times.

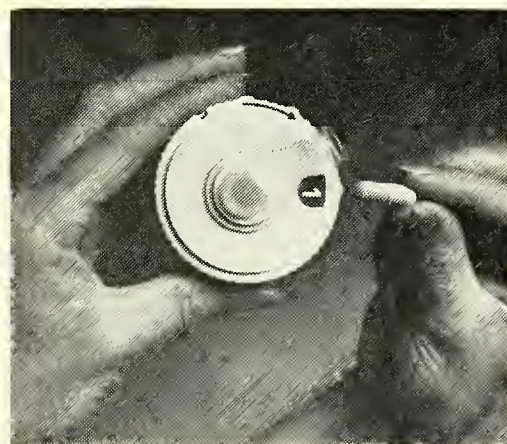
Continued on p499

Medication dispenser

A new dispensing device to combat dosage default has been announced by Medipro Co, 81 Holdenhurst Road, Bournemouth, Dorset.

Doseaid (£0.87) is a round plastic container for the pocket or handbag which will take three days' supply of capsules or tablets. By turning a dial the patient obtains the required dose. The device records what stage in the day's medication has been reached by indicating by numbers the sequence of doses (up to four a day) thus advising the patient if he cannot remember whether he has taken a particular dose or not. It also indicates visually—and by touch for the sake of the blind—when the supply is running out.

The patient's name and address and the type of drug can be recorded on the back in case the owner should lose it or have an accident. Since the device carries only a small supply the possible danger to any-



one else is reduced should it fall into the wrong hands.

The Budgen and Parr group of local pharmacies (150 Charminster Road, Bournemouth), whose managing director, Mr. J. B. Thompson, has been closely associated with the development, has been appointed UK, Eire and USA distributor of the device. A patent is applied for.

Prescription specialities

HALDOL tablets, liquid, injection

Manufacturer Janssen Pharmaceutical Ltd, Chapel Street, Marlow, Bucks

Description White scored uncoated tablet marked "Janssen" one side, "0.5" on reverse containing haloperidol 0.5mg. White unscored uncoated tablet marked "Janssen" one side, "1.5" on reverse containing haloperidol 1.5mg. Pale blue scored uncoated tablet marked "Janssen" one side, "5" on reverse containing haloperidol 5mg. Ampoules containing haloperidol 5mg in 1ml aqueous solution for injection. Clear colourless, odourless liquid containing haloperidol 2mg per ml for oral administration. (Initial tablet batches will not carry a strength marking)

Indications Symptoms of hostility, hyperactivity, confusion, emotional withdrawal, hallucinations associated with schizophrenia, mania and hypomania, organic brain syndrome, alcohol withdrawal syndrome and delirium tremens, childhood behavioural disorders. Treatment of motor tics, stuttering, hiccoughs, vomiting, anxiety states. Anaesthetic premedication

Dosage Dose should be increased until maximum control achieved then may be reduced gradually to lowest effective maintenance level. *Moderate symptoms, geriatric or debilitated patients:* 0.5 to 2mg twice or three times daily. *Severe symptoms, chronic or resistant patients:* 3 to 5mg twice or three times daily. Daily doses up to 100mg may be necessary to achieve optimal response; 200mg has been used for severely resistant patients. Maintenance may be as low as 5 to 10mg daily. *Anxiety states:* 0.5mg twice daily. *Children:* Maintenance 0.05mg/kg daily. For parenteral dosage see literature

Precautions Care in manifest lesions of basal ganglia and in patients with arteriosclerosis who may have occult lesions. Potentiates CNS depressants

Side effects Extrapyramidal side effects may be controlled by barbiturate or antiparkinsonian drug

Storage In cool dry place

Packs Tablets 0.5mg: 500 (£5.75 trade); 1.5mg: 100 (£2.49) and 1,000 (£22.01); 5mg: 100 (£7.20) and 1,000 (£62.49). Liquid 100ml bottle fitted with pipette calibrated in mg haloperidol (£3.51; 5, £17.06). Ampoules 1ml (5, £1.25; 25, £5.45)

Supply restrictions P1, S4B

Issued October 6, 1975

Four good
reasons why you
should dispense
Brocades Ampicillin
Amfipen[®]
Brocades ampicillin

1**Quality**

Amfipen conforms to B.P. and B.P.C. specifications and the highest standards of purity are guaranteed by our protein-free method of manufacture. We are one of the world's largest antibiotic manufacturers.

Bioavailability**2**

Amfipen has proven bio-equivalence to the currently most widely prescribed form of ampicillin.

3**Packs**

Amfipen is available in the most frequently prescribed forms:
Amfipen 250 mg and 500 mg
bottles of 250.
Amfipen Syrup 125 mg/5 ml
bottles of 100 ml.
Amfipen Syrup Forte 250 mg/5 ml
bottles of 100 ml.

Economy**4**

The price of Amfipen reflects the efficiency of our production process. Contact your wholesaler or us today.

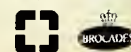
Amfipen[®]
Brocades ampicillin

**backed by over 30 years'
antibiotic experience**

Data sheet/Full information available on request.

Brocades | Great Britain | Ltd

West Byfleet, Surrey KT14 6RA. Byfleet 45536



Trade news

Continued from p497

Carton liner service

A new case liner service, which, it is claimed, can cut packaging costs considerably without reducing the amount of product protection, has been introduced by Capseals Sacks Ltd, Bridge Works, Iver Lane, Cowley, Uxbridge, Middlesex.

The company supply liners for standard fibreboard cases and cartons and they claim the system can provide the same order of protection as many other forms of packaging. Currently Capseals are producing a wide variety of liners in laminates of paper, foils, hessians and jute for companies packaging such products as powders, tablets, medical equipment and toiletries (picture above right).

Autumn campaign for Philips

A four-product, pre-Christmas advertising campaign using television and magazines for Philips small appliances broke this week. The boost, which continues until December 15, will feature Philishave, the new Home Trim (both to be advertised on television); the Ladyshave; and sun lamps range. The total campaign will cost £4m, say Philips Electrical Ltd, Century House, Shaftesbury Avenue, London WC2H 8AS.

The Philishave commercial will be shown in all areas. A total of 80, 30-second advertisements will feature the Home Trim in Lancashire, Midlands, Yorkshire and North East areas.

Radio Times, *Sunday Times* magazine and *Observer* magazine will have full-colour advertisements for the sun lamp range; and whole pages will be taken in *Woman*, *Woman's Own*, *Woman's Weekly*, *Woman's Realm*, *Cosmopolitan*, *Vogue*, and *She* promoting the Ladyshave.

Man Size advertising

Bowater-Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1X 7LR, have launched an autumn television advertising campaign for Man Size Scotties. The campaign will be screened in eleven television areas, using 30-second spots, and will run until October 19, using the familiar Mr Man Size animated cartoon. Bowater-Scott claim an 11 per cent share of the total facial tissue market for the brand.

New size

The standard size of Erasmic Superfoam has been discontinued by Elida Gibbs Ltd, Hesketh House, Portman Square, London W1A 1DY, and a new size—economy (£0.55)—replaces it.

Orange fluor labels

Checkout time savings of up to 25 per cent are claimed for new fluorescent orange, wavy-edged price labels introduced by Dymo retail systems division, Victoria Road, Feltham, Middlesex. Compared with white or non-fluor coloured labels cashiers are said to be able to locate the orange



fluor price label faster on the items to be rung up and also read the price more accurately.

Available with standard adhesive in 25 × 12 and 22 × 12mm sizes, the labels can be preprinted with a company logo or other advertising message. The labels are available in rolls of 1,500 to fit four hand-held Meto machines.

Extra for Christmas

Some new Christmas gift ideas have been introduced by Goya Ltd, 161 New Bond Street, London W1. The first is Paddington Bear bath range. There are two products—Specially Fluffy talc (£0.40), Special bubble bath mixture (£0.45). The packs feature Paddington in a floppy hat, duffle coat and "wellies".

They also introduce Aqua Manda maxi spray containing twice the size of the standard fragrance spray packed in a pretty gift carton (£0.95).

Another Goya present is the snowball, which breaks open to reveal a phial of Goya perfume. There are two perfumes, Black Rose and Gardenia (£0.45).

Kent's discount scheme

As part of their pre-Christmas sales drive, G. B. Kent & Sons, 24 Old Bond Street, London W1X 4AB, have introduced a four parcel discount scheme for retailers. The scheme offers the "best sellers" from their range of hair brushes plus discounts according to the value of the parcel.

There are three parcels ranging from £24 to £53 with discounts from 5 per cent to 10 per cent. Each parcel has a selection of brushes aimed at the Christmas trade. There is also a package at £16 containing a selection of twirls and stimulus brushes with 20 per cent discount.

Atrix 'talking hand'

For the first time ever, Atrix will be advertised nationally on television. The campaign began this week and will run for up to ten weeks in all regions, say Nivea Toiletries Ltd, Hook Rise South, Surbiton, Surrey KT6 7LU.

The advertisement features the Atrix "talking hand", explaining the damaging effects that household chores have on hands and describing how regular use of Atrix hand cream will protect and soften them.

Two, for one

J.N. Toiletries division, Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland, are offering two tubes of Proteinail for the price of one (£0.59) this autumn.

Express parcels service

An overnight express parcels service, linking London, Birmingham, Manchester and

Glasgow, is being introduced by Kwikasair Ltd, Vigo Place, Haywood Industrial Estate, Aldridge, Staffs. The new service is in addition to their existing express parcels service with the advantages of using their own staff to provide security and to save time and has particular relevance to the transport of pharmaceuticals.

Sta-blond on 208

A new set of 30-second commercials has been launched by Scott & Bowne Ltd, 50 Upper Brook Street, London W1Y 2AE, for Sta-blond shampoo, on Radio Luxembourg. The campaign will run at high frequency every evening to the end of March, 1976.

Illustrative leaflet

Max Factor Ltd, 19 Old Bond Street, London W1X 4BP, have produced "gleam and glo" leaflets for distribution illustrating three ways to use their rouges with Shimmering Creme Puff. The looks are oriental, "flapper"—a twenties style, and a "classic" look.

Film strips

Camera Talks Ltd, 31 North Row, Park Lane, London W1R 2EN, have produced a series of film strips on micro-organisms. Also available as slide sets with cassette tapes, the series includes "Bacteria pathogenic on human skin" Part 1 and 2, "Virus infection", "Fungal infection of the human skin and hair", and "Safe handling of micro-organisms."

Unichem members offers

October members-only discounts from Unichem Ltd, Crown House, Morden, Surrey, are Sunsilk hairspray (25 per cent); Johnson's baby powder (15 per cent); Libresse (15 per cent); Kemval baby pants (15 per cent). The offers last until October 24.

Bonus offer ends

The bonus offer on Strepsils and Fenox by Boots Co Ltd, Thane Road, Nottingham NG2 3AA, will close October 31.

on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Islands

Askit powders: Sc, G

Blue Strator: Ln, So, A

Braun Quick Curl and HLD50 hairstyling set: All areas

Braun Synchron Plus shaver: All areas

Delph: M, Y, WW, NE, We, G

Denim: M

Harmony hairspray: All areas

Old Spice: All areas

Philips Home Trim: M, Lc, Y, NE

Philishave: All except E

Radox Showerfresh: All except U, E

Remington shavers: All areas

Signal: All except Lc, Y, A, We, CI

Simple soap: So

Sunsilk shampoo: All areas

Sure: All areas

Three Wishes soap: All areas

THE NEW FREFLO

Right design.

Now Smooth as glass and so much safer!

We've completely re-designed the new Freflo feeder to incorporate all these outstandingly helpful features.

*Freflo's rimless neck has no raised edges to trap germs.

*The lower part of feeder has strong but flexible walls which when squeezed gently helps prevent airlocks.

*Hygienic boilable teat cover clips over bottle cap and keeps teat clean. Ideal for night feeds.

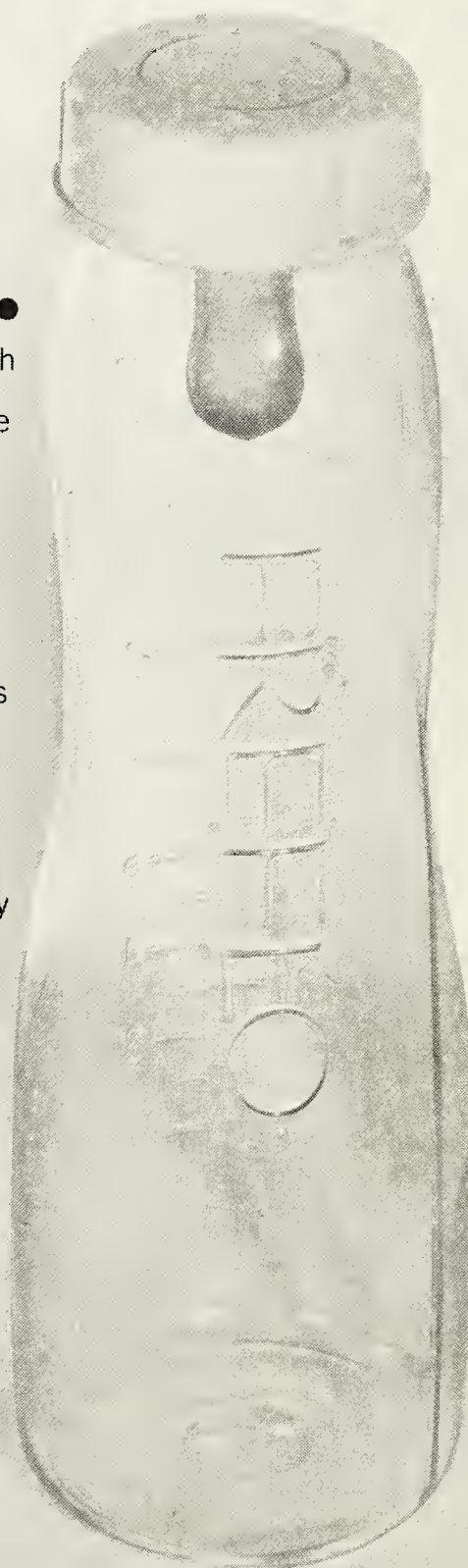
PLUS! Thumbgrips that make feeder comfortable to hold.

AND! Graduations in ounces and millilitres.

Boilable, lightweight and virtually unbreakable.

Right packaging.

Having got the feeder right we turned our attention to the packaging. We used a bright orange and white colour scheme but designed it as a simple half sleeve to keep the cost at a highly competitive level.



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Photonotes

Twin lens 110 cameras from Kodak

Kodak Ltd are launching two new 110 format cameras each equipped with two lenses—for "standard" and "telephoto" photographs.

Finished in matt black and silver chrome, the cameras—Tele-Instamatic 330 (£25) and 430 (£68.84)—come in outfit form with 12-exposure Kodacolor II film, flash cube, wrist strap and instruction leaflet. The lenses on both cameras have focal lengths of 25mm for "standard" shots and 43mm for longer focussing, the selected lens being brought into action by moving a slide on the top of the camera. Both models also have a special new "soft-touch" shutter release, single action film advance and a push button to open the camera back.

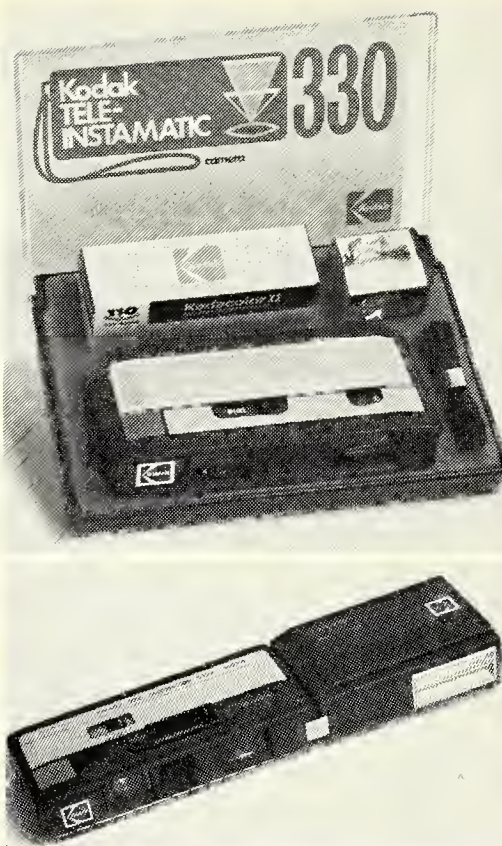
The twin lenses on the 330 model are fixed focus $f/11$ lenses with a focus range of 1.5m to infinity. The 430 model has a fixed focus glass/plastic three element 25mm lens behind the shutter (focus range 1.2m to infinity) and an all glass, three layer, 43mm lens in front of the shutter. Both lenses are $f5.6$, and the "tele" lens can be focussed by a slider which is exposed on selection of that lens.

Shutter speeds

Both cameras have shutter speeds of $1/50$ th and $1/100$ th sec—selected by a "weatherguide" slider between bright sun and cloudy dull—and there is additional exposure control on the 430 model: when the slider is moved, a red light appears in the viewfinder which goes out once the correct aperture—as measured by a CdS exposure meter—has been selected within the range $f5.6$ - $f16$.

The viewfinder in both cameras is of the "bright line" type, and automatically adjusts according to which lens is in the taking position. For flash photography, a magicube can be used in both cameras, but the 430 model also has a hot shoe connection at the side suitable for the new Kodalux 2 electronic flash gun (see below) or many other electronic units. When a magicube is inserted in the socket of either camera's side the $1/50$ th sec shutter speed is automatically selected and a red signal appears in the viewfinder when a used bulb is in the firing position. Magicubes can be used in the 330 model for distances between 5-9 ft on the 330 model and 4-15 ft on the 430 model; on the latter the "weatherguide" slide is also used to set the appropriate distance, and the correct exposure is then selected automatically.

Other features on both models include double exposure prevention and a sliding lens cover with a safety lock which prevents accidental release of the shutter (and, for the 430 model, switches off the power to the exposure meter from the 7H34 battery). Model 330 fits Kodak's model 4 carrying case (£1.05), and the 430



Model 330 outfit; model 430 with Kodalux 2 flash unit

model, carrying case model 5 (£1.27).

The Kodalux 2 electronic flashgun (£25.31) has been designed especially for use with the Tele-Instamatic 430 camera. However, since it has a standard fitting, it can be used on any camera with a hot shoe connection or co-axial socket. Operated by four AA size 1.5v alkaline magnesium cells (which give about 110 flashes) the unit has a flash time of about $1/1500$ th sec with a recycling time of about 10 sec. The guide number is quoted as 70 (in feet) with 64 ASA film, and the unit measures $1.3 \times 2.4 \times 3.7$ in.

Another new product from Kodak is the Ektasound 245B-2 movie projector (£298.03), which complements the company's sound movie cameras. As well as showing both sound and silent super 8 movie films, the projector is also able to

record sound on striped super 8 film, erase and re-record when necessary, and record "sound on sound" for special effects. The reels are contained within the machine and the image path is projected parallel to the axis of the reels by a high optical quality mirror which can be rotated through 180° (Kodak Ltd, PO Box 66, Kodak House, Station Road, Hemel Hempstead, Herts HP1 1JU).

Gift box from Polaroid

An all-purpose Christmas gift box for instant picture cameras has been designed by Polaroid (UK) Ltd, Ashley Road, St Albans, Herts AL1 5PR. Available to stockists ordering on the company's Christmas merchandising programme, the bright red box is big enough to accommodate any Colour Swinger camera or SX70 model together with film and accessories. An interlocking series of "petals" form the box lid, giving the impression of a bright Christmas bow.

The company have also produced a range of colourful display material for windows and counters. A window banner draws attention to the special gift box, and a white plastic camera stand, backed by a display card, accepts any two Colour Swinger cameras. Other material includes a header to fit on a camera viewfinder and a collar to fit around the styrene base found in each camera box, enabling individual cameras to be displayed.

This year's pre-Christmas advertising by Polaroid will be the biggest boost ever for their cameras says the company, with spending double that of the corresponding period last year. Over 20 peak-time nationwide commercials have been booked to demonstrate the Colour Swingers from November 24 to December 26.

Additionally there will be an extensive colour print campaign in magazines such as *Reader's Digest*, *Sunday Times*, *Observer* and *Daily Telegraph* colour supplements, *Punch* and the *Illustrated London News*, showing the SX70 system and Colour Swinger cameras. Some 18 insertions in *Sun*, *Daily Mirror*, *Daily Mail* and *Daily Express* will be promoting the low starting price of instant photography with the black-and-white Super Swinger.

Which? recommends low solute babymilks

The October *Which?*, in a survey of baby milks, recommends Cow & Gate Premium, SMA, SMA concentrated liquid and SMA Gold Cap as being nutritionally the best.

Four milks are mentioned as having the nutritional disadvantage of a high mineral content—national dried milk, Trufood, Babymilk 2, and Ostermilk 2, the two latter also having a high protein content. Babymilk plus, Ostermilk complete formula and V formula are said to be nutritionally better.

Which? found the giving of free samples in hospitals was a powerful influence on a mother's choice of brand. Mothers who received a particular brand as a sample were much more likely to continue feeding it to their baby than those who did not. *Which?* was unhappy about this form of promotion as mothers could believe that something given at the hospital carried a medical recommendation. Health clinics were said to offer the lowest prices.

Which? thinks that milk packs should carry an explicit warning that it is dangerous to overconcentrate the feed and packs of food should state that solids should not be given before four months. A warning is given that a few young babies are sensitive to the gluten in wheat flour and a table shows which cereals and rusks should be avoided as containing it—exceptions are Boots baby rice cereal, Cow & Gate oats cereal mix, Farley's baby rice cereals, Robinson's baby rice and baby porridge oats.

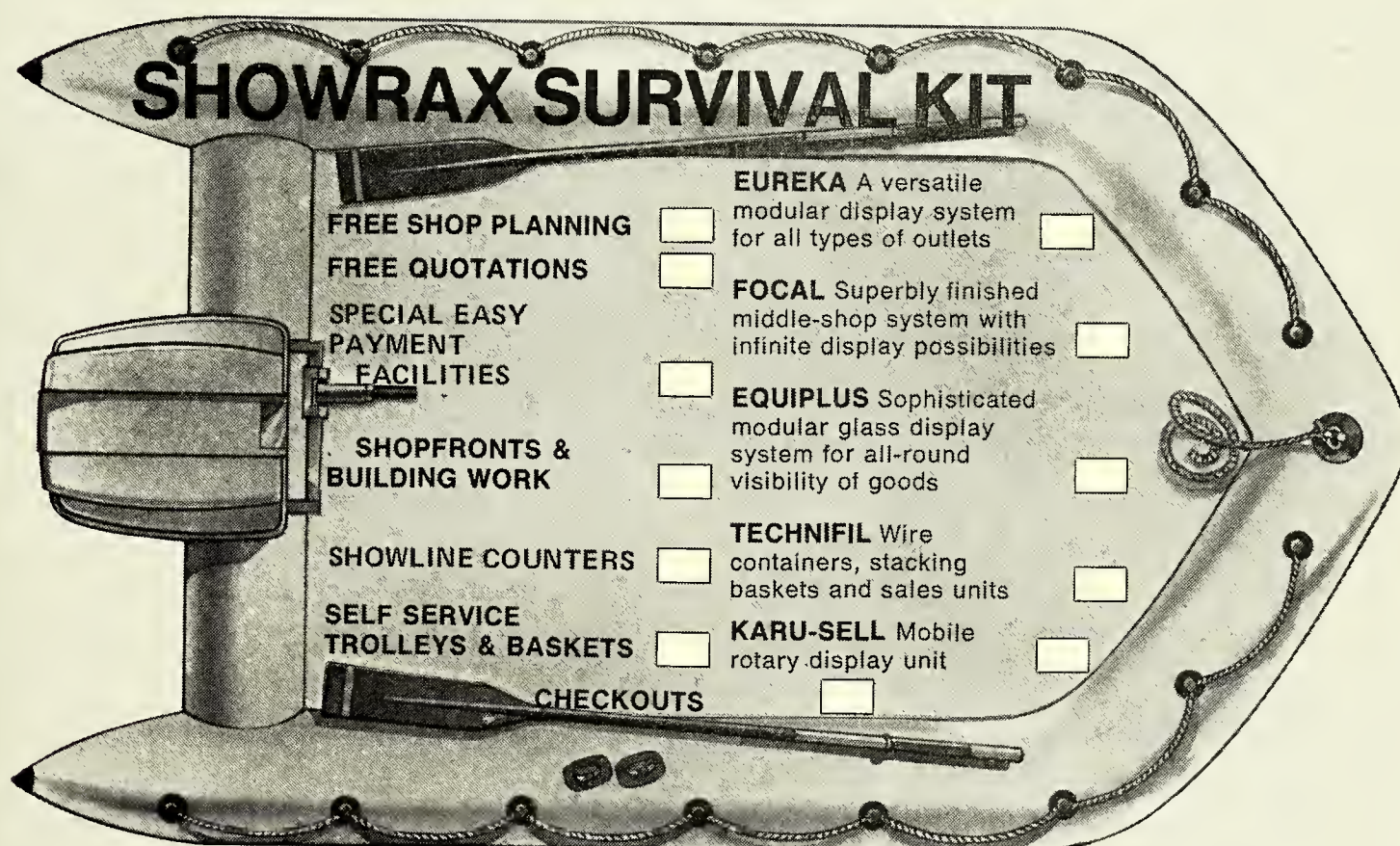
□ In a study of soups, *Which?* says slimmer's complete meal soups are more nutritious than ordinary soups. Contour would supply about one-third of the daily need for protein, vitamins and some minerals, but Nutriplan had no more protein than other soups and Limmits only 5g a serving—"not enough to rely on as a major part of your diet," comments the report.

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South-east England regional conference

'Get rid of outside control', pharmacists urged

The profession of pharmacy should get up from its knees and stand on its own feet—get rid of non-pharmaceutical control, tell others what it intended to do rather than ask permission and stop trying to save "public convenience" pharmacies the public itself did not want. That message, which came from Mr W. A. Beanland, a former member of the Pharmaceutical Society's Council, at a South-east England Region conference on Sunday, led to the speaker being described as "a catalyst of controversy" by a member of the audience.

Mr Beanland said pharmacists had still not learned the basic lesson that recognition must be earned. They were the only persons qualified to supply drugs and medicines, so why did they allow unqualified and often inexperienced individuals, and companies owned and controlled by pharmaceutically-unqualified persons, to operate on virtually equal footing with pharmacists? "And why have we, over the years, allowed ourselves to be usurped, subjugated and controlled by lesser experts and non-experts until now there is a very real danger of the profession being taken over and controlled by the usurpers?"

Three factors

Three factors should be considered, said Mr Beanland. First, only about half the number of general practice outlets were pharmacies—the rest were "chemists' shops" owned by unqualified individuals, small companies and national and international vested interests, all of whom moved into pharmacy to exploit commercially both the profession and pharmacists themselves. Second, the National Pharmaceutical Union now had virtually half its membership made up of company shops. "Unless it can quickly find the courage to deny continuing membership to the companies (some of which, believe it or not, are members of the Company Chemists Association), it must surely drop the farcical pretence of being the organisation of independent proprietor pharmacists." Third, the multiples were providing postgraduate training for most of the graduates entering general practice, who thus become company-orientated from the outset.

"It is all very well to blame the 'wicked multiples', but the truth is that pharmacists themselves are the culprits. In the past they condoned, even encouraged, infiltration of their profession, while in recent years we have compounded the stupidity by attempting to 'ape' the business methods of the infiltrators, albeit with singular lack of success. Nor am I speaking of a small, thoughtless minority: every proprietor pharmacist who sold out his business to the multiples must be indicted; every pharmacist who sells him-

self and his expertise to a non-pharmacist employer weakens our professional image; and almost the whole of the independent sector by refusing to accept the responsibility of training the new generation of pharmacists must bear their share of guilt."

Mr Beanland also saw danger to the profession in the number of pharmacists who, "frightened and unsure of their own ability," took refuge behind limited liability. There was also infiltration of the ruling bodies by "company front-men". "I honestly believe that we do not see either the incongruity or danger here, but they are very real. And it was pharmacists who elected them to office," Mr Beanland feared that when there was a conflict of interest, the "front-men" would back their companies rather than the Society.

Change was now an urgent necessity, and the change must be radical—not merely the redistribution of NHS income advocated at the recent contractors' conference. The first essential was to insist that the NHS contract be made only between named individual pharmacists and the FPC. The second was to ensure that pharmacists did not operate as limited companies. "Let it be clearly seen that pharmacists are pharmacists, and limited companies operating within the pharmacy field no more than commercial entrepreneurs." The profession should abandon claim to the title "chemist" and let multiples, drug stores, etc, use it if they wished.

"Having thus cleared the decks for action, the psychological changes among pharmacists can take place. Here a complete metamorphosis is needed, a complete *volte-face*: an about-turn from weakness

to strength, from servility to authority, from self-effacement to self-confidence, from living in the past to adapting to the present and future. In short, let us start believing in pharmacy and in ourselves."

The latest move to record sales of medicines liable to abuse was welcomed by Mr Beanland as following on from the profession's previous "act of courage" in refusing to dispense amphetamine powder. But there were other ways in which pharmacists could improve their standing, the first being to be more than "responsible" for dispensing. It was not good enough for the pharmacist to be upstairs dealing with paperwork and accepting responsibility for what was done downstairs by unqualified staff—he should be involved in every prescription, not physically counting but seeing every stage. Mr Beanland warned that in Sweden prescriptionists had virtually made the pharmacist redundant—and in British pharmacies where one pharmacist supervised up to 10,000 items a month it would be open to the Department of Health to ask why they should pay a professional fee on every prescription when it was obvious the pharmacist could not be personally involved. The answer, the speaker suggested, was for a limit on the number of items for which a pharmacist could be responsible.

Health centres

On health centres, Mr Beanland supported Mrs Castle's Norwich analysis of the profession's choice—and both main political parties were committed to the health centre policy, he pointed out. Pharmacists were expert at picking out the flaws, the inconvenience to the public. "But the public love them." A look at any pharmacy's prescriptions would show how far people were already prepared to travel to the doctor of their choice and with the properly-sited centre, inconvenience was minimal. "Going to it is a social event—it is one-stop shopping for medicine." And if pharmacists did not provide dispensing because "the existing facilities are adequate," then the doctors would. "Don't blame doctors for invading your territory when you have turned down the oppor-

Continued on p506

Dr J. Parkinson



Mr W. A. Beanland



Regional conference

Continued from p505

tunity," said Mr Beanland, adding that the same applied to a 24-hour service—if the profession could abrogate its responsibility for part of the day it could do so for the whole day.

Instead the profession should think in terms of reorganising its service. Maintaining every small, non-viable pharmacy was nonsense—they were not viable because the public did not want them. Little pharmacies were "public conveniences" in that people would take prescriptions to them when they were too idle to go to the town centre or if the prescription was issued at 10 pm and the multiple manager had gone. Instead there should be half the number of pharmacies, more equably spread, with twice the number of pharmacists in each.

Finally, Mr Beanland criticised drug amnesty campaigns. No-one would admit that the medicines in *their* house were "old" or "useless", and the message of excessive prescribing had failed to get across. But the pharmacist "wouldn't dare" to cross out "200" and give 30—yet Mr Beanland believed the Department would be "delighted" if pharmacists would take that professional responsibility since they felt unable to interfere with the doctor's right to prescribe.

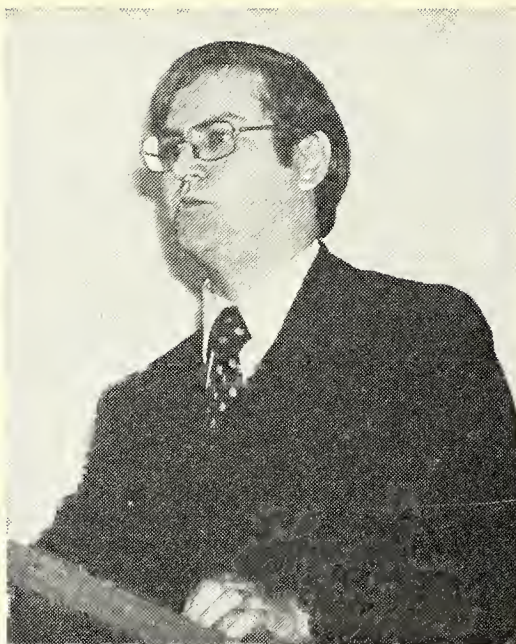
Trading 'a strength'

Dr J. Parkinson, Brighton Polytechnic, who spoke next, looked at the definition of a profession and suggested that pharmacists' lack of confidence was unnecessary since they measured up to the criteria better than most. Being looked upon as retail traders gave an inferiority complex, but that contact with the public was actually a strength. Referring to apparent disunity in the profession, Dr Parkinson suggested that hospital pharmacists had been slow to realise the value of bigger organisation—the Society could not negotiate salaries, but if the hospital sector had accepted assistance it might have achieved the levels now reached through union membership.

The final speaker was Mr D. J. Dalglish, a member of the Society's Council, who suggested that unity in the profession was being strangled by the Jenkin decision—it should be ignored and progress made towards one unifying body, the Society, which could develop its membership groups. The groups would have an industrial council to negotiate terms of service and salaries. It was important to reverse the trend of "creeping trade unionism"—whatever the advantages of union membership, a price would have to be paid.

Council's role was to provide a lead for the profession, said Mr Dalglish, but it must be in consultation with the membership. In the past this had sometimes meant delay in coming to decisions, showing that the profession was unsure of itself—this could be avoided by planning policies for the next ten years so that it was not necessary to "react overnight" to situations.

The speaker agreed with Mr Beanland on health centres not being opposed as a concept, but argued that many general



Mr D. J. Dalglish

practitioners felt that once larger than six gp's, there would be a need to "communicate by memorandum." Derogatory references to the small pharmacy as a "public convenience", however, led to the reply: "Of course it is; that is our greatest defence." Perhaps the public did want prescriptions dispensed in health centres, but dispensing was only part of the pharmacists' role in the community—besides the advice and health education, counter-prescribing was a role that should be extended, with further education in schools of pharmacy.

Finally, Mr Dalglish stressed that image and status could only be enhanced by the activities of the individual. Securing the confidence of the patient and customer was the greatest thing that could be done for pharmacy today.

The 'commercial' graduate

Opening the discussion, and taking up Mr Beanland's attack on those who sold out to the multiples, Mr P. F. Sloper, Romney Marsh, said for many proprietors their business was their sole asset on retirement. Mr Beanland replied that these small shops did not interest the multiples—his attack had been on the owners of big businesses who were attracted by the sums offered. He was disturbed to find that young pharmacists with degrees were often the most commercial and it was they who owned the discount and supermarket chemists. Mr Dalglish thought the successful businessman was often also a successful pharmacist—he ran his professional side in a business-like manner and reaped commercial benefits. Defending the young, he said it was not that they did not want to change the system but that they were prisoners of it. He could not be a member of Council without a successful business behind him.

Mr T. Hoskins, Canterbury, said the profession should stop "bashing the multiples" who were here to stay. It should consider what was the best pharmaceutical service for the patient rather than for pharmacy. Mr Beanland, however, argued that commercialism and professionalism did not mix, though most pharmacists made an "unstable emulsion." Customers went to the multiple but could judge only convenience, not profession-

alism. They judged on look of the premises, prices, etc—things that had nothing to do with pharmacy. When Mr T. Wilson, South-east Metropolitan, could see no cleavage between a professional and a merchandising service, Mr Beanland pointed out that in most multiples the two activities were separated but that was not possible in the small pharmacy. The average profit from the "junk" he estimated at just about the salary of one assistant.

Would there be legislation to limit the number of prescriptions per pharmacist? asked Mr F. Darby, Dymchurch. Dr Parkinson replied that one of the keys to professionalism was working with an adequate number of trained assistants, but Mr Dalglish foresaw "second-grade" pharmacists displacing the fully qualified, as in Sweden. Mr Beanland preferred that the profession would give advice on both prescription numbers and the number of assistants—in his opinion, one—a pharmacist could control. Mr P. Sharrot, Kings College Hospital, pointed out that hospital pharmacy depended on technical staff, but they were trained and given an appropriate level of responsibility. In retail, few "dispensers" had that training.

Pharmacy 'usurped' on labelling

"Something pharmacists could do now" to enhance their image, namely improve the labelling of dispensed medicines, was suggested by Mr Sloper. The label, as well as being legible, should include such instructions as time of day for dosage. Mr Dalglish agreed since the public could only judge the finished product and if that was unsatisfactory they might feel the whole service was the same. Council had considered giving advice on such matters, but he was not sure if the membership would be outraged at being told things every pharmacist should know.

The chairman, Mr B. Watson, said the profession had already been "usurped" by the Department of Health which had a 60-page manual of labelling proposals—the amount of information that would have to be put on if they had their way was "enormous", and the proposals would apply to retail as well as industry. Also labels would have to be printed or type-written.

When the question of communication between Council and membership was raised, several speakers deplored the fact that they had heard about the recommended controls on three proprietaries (*C&D*, October 4, p445) from television and radio—many had still not received the president's letter and nothing had appeared in the Society's journal. Mr Dalglish blamed the postal services and revealed that Council had asked the Department to make a statutory condition, but it had been told to issue a recommendation. This led Mr Beanland to argue that a similar situation existed with excessive prescribing. The Department had said, "You are the experts, do it" and had said the same on rigid containers—he believed it would also welcome a professional decision by pharmacists on the quantity prescribed. Later Mr Beanland suggested that if Council would not give a national lead on this matter, it should be tackled by districts, perhaps through the area pharmaceutical officer.

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SMA Pharmacy Group still favours nationalisation

The Pharmacy Group of the Socialist Medical Association would totally oppose the findings of the Labour Party working party on nationalisation of the drug industry (*C&D*, September 20, p380), a group policy seminar decided last week. The working party's "leaked" report came out against nationalisation in favour of the National Enterprise Board taking a major stake in a research-based British pharmaceutical company.

C&D understands that the Pharmacy Group believes one company, however big, in public ownership would be open to "industrial sabotage" and therefore it would be better to nationalise the whole of the British sector—foreign involvement was given as a reason for rejecting nationalisation in the report.

Alcoholism report

The seminar also discussed three specially prepared papers, the first on alcoholism as a social disease, being discussed in conjunction with the two reports prepared by Dr David Bailey, "The alcohol content of medicines" and "Some undesirable drug-alcohol interactions." It was agreed to ask the Council of the Pharmaceutical Society to consider the serious implications of the reports, to establish effective liaison with the Medical Council on Alcoholism, and to make recommendations for collaboration of pharmacy with those involved in the struggle against alcoholism.

The second discussion, the Institute of Pharmaceutical Sciences, was based on a paper by T. C. Thomas, MPS, for inclusion in the pamphlet on nationalisation of pharmacy currently under discussion by the working party section of the SMA Pharmacy Group. The pamphlet is to be published as a discussion paper on the future of pharmacy, when completed. It was agreed that the proposal for the establishment of an Institute should be revised so that it could be introduced for consideration now within pharmaceutical circles, "in an endeavour to bring sense into the anarchy of present day pharmacy." The Minister of Health had shown an interest in the proposal and would welcome an opportunity to discuss the subject when the Pharmacy Group had completed consideration. The proposal also requires fuller consideration by the SMA council, which controls policy.

The third subject was general practice pharmacy and its responsibility to the patient. A paper by Mr J. I. Shulman, MPS, included recommendations on the introduction of a modern extensive code of practice; wider postgraduate education, increased education in pharmacology, pathology and pharmaceuticals, leading to an integrated and more effective rapport between pharmacist and doctor and other

health disciplines, particularly on drug information. Emphasis was laid on the relationship between pharmacist and patient and the former's responsibility to assist in the greater understanding by patients of the drugs prescribed and dispensed. The role of the pharmacist as a health adviser was also stressed. It was agreed to consider this paper in greater detail at subsequent meetings of the Group.

Other points

□ *Development of general practice.* The seminar strongly urged members of the Working Party set-up by Council to look at the practice in Sweden and also in the USSR and in the other Eastern European countries which offer alternative systems of practice.

□ *Drug information for doctors.* Present methods were condemned as the major and only sources were provided by the "vested and biased interests of members of the ABPI." The seminar considered it was the responsibility of the DHSS and that the Society's Council should make representations to the Minister of Health to establish the machinery for such provisions. It was agreed to include this subject for discussion with the Minister.

□ *Twenty-four hour service.* The seminar considered conditions in pharmacy at present were not favourable to its introduction, but it should be kept under review.

□ *Health centres.* SMA will shortly publish a discussion pamphlet in which a call for their provision to include pharmaceutical services within the centres is urged. The implications of an extension of health centres with pharmaceutical services, particularly in view of the antagonism of general practice pharmacists were discussed. The seminar hoped that the pamphlet's proposals would be considered seriously. "We should ignore our vested interests to the common good; the pamphlet shows that no health worker will suffer, for job, career and promotion prospects are provided and ensured."

□ *Pharmacy in Sweden.* The Group is discussing the feasibility of a scheme of reciprocal visits of some members to Sweden and a return visit in the years 1976-77 with a report back meeting in the House of Commons.

Other topics included Mrs Barbara Castle's Norwich speech and its implications, manpower in pharmacy and Guinness group expansion in pharmacy.

Scottish Drug Tariff changes

The latest supplement to the Scottish Drug Tariff adds a new sterile eye pad to the Tariff from October 1. The pad, to be supplied sterile in individual sealed packets, is described as oval, measuring 7.5 × 5cm, and consisting of approximately 1.25g of Absorbent Cotton Wool BPC faced on both sides with Absorbent Muslin BPC. The supplement also changes the size of type A vaginal contraceptive diaphragm from 80-90mm to 80-95mm.

BPC NORWICH: DISCUSSION FORUM

Bioanalytical techniques used in pharmacy

Chairman: Mr G. F. Phillips, *Speakers:* Dr I. Midgley, Mr A. Sabey and Dr P. H. Corran.


Dr Midgley, Huntingdon Research Centre, briefly referred to the means of interfacing a gas chromatograph with a mass spectrometer and the disadvantages of GC-MS for biomedical and forensic studies. Conventional scanning MS was the most selective mode but accurate quantitation was not possible and amounts less than 100 ng could be obscured by GC column bleed. Single ion monitoring achieved maximum sensitivity and favourable assay by tuning to a characteristic fragment but the probability of peak coincidence seriously reduced selectivity. In mass fragmentography (MF) the spectrometer was tuned to several ions derived from the anticipated metabolites and offered sub-nanogram sensitivity. MF was at present the only technique for simultaneous and continuous monitoring of a non-radioactive isotopically labelled metabolite, as in foetal plasma or brain tissue studies. Dr Midgley foresaw adoption of capillary GC or high pressure liquid chromatographic separations and the use of less energetic ionisation to enhance MF sensitivity.

Mr Sabey, Wellcome Laboratories,

traced the history of radioimmune assay (RIA) and illustrated antibody binding and immune response. Precise, sensitive and reliable determinations of "biological" drugs were valuable not only in clinical practice but also for monitoring production, final assay and stability studies. Limitations of RIA include species specificity, antibody variability, scepticism by control authorities and unexpectedly large between-assay variances. Nevertheless, RIA was an ideal tool for bioavailability studies and monitoring congeneric peptides.

Dr Corran, National Institute for Biological Standards and Control, described the "essentially very simple technique" of electrophoresis as the complement, not the competitor, of thin layer chromatography. Molecular weight, charge and careful choice of pH facilitated discrimination of polyfunctional species and supports were selected to minimise adsorption and interaction. Current BP usage includes an agar gel coated plate for semi-synthetic penicillins, digests of synthetic hormones identified two-dimensionally by electrophoresis followed by conventional TLC, and protein concentration in polyacrylamide gel tubes run between two buffer compartments.

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Professional News

Pharmaceutical Society of Great Britain

Council calls for independent inquiry into private practice

The Council of the Pharmaceutical Society is recommending that an independent body, such as a Royal Commission, be set up to consider the question of separating private practice from NHS hospitals.

No formal recommendation was made at last week's Council meeting, but it was agreed to inform the Department of Health of the views expressed by the Practice Committee, which were:

"The Practice Committee took the view that there were no matters specifically affecting pharmacy in the consultative document. However, it was noted that in addition to the opposition of the medical and dental professions to increasing Government interference, they had also complained of the lack of proper consultation before the issue of the consultative document. Because of the strong party political doctrines affecting the situation, the Practice Committee regarded it as a matter of regret that the Department should have entered into a major confrontation with the medical and dental professions without an appropriate independent assessment having been made on the situation. It was considered that such an assessment should be based primarily on the interests of the patients in the Health Service."

The Government's consultative document had been considered at Council's meeting at the BP Conference, when it was decided to debate the matter after consideration by the Practice Committee. However, Mr N. Baumber had complained in a published letter about the way Council had responded; Dr D. Maddock said Mr Baumber had given a wrong impression.

'Annoyed' at lack of discussion

The president, Mr J. P. Bannerman, pointed out that the letter had said that only one member of Council had tried to make the Council respond quickly and meaningfully to the document, and it had referred to the Council's "silence" and "secrecy". It was difficult to see the justification for those remarks and he invited Mr Baumber to comment. Mr Baumber said he had written the letter at a time when he was annoyed that the Council had not discussed the consultative document at the Council meeting at Norwich. Pharmacy had been criticised for not having in any way shown its feelings about the consultative document. He apologised if members of Council construed something that was not intended from the publication, but it was gratifying to see that it had reached the point where it must consider some reaction and submit it to the Department.

The president said there was never any

doubt about the Council considering the matter. He asked Mr Baumber to accept that experience showed that such an important matter could not adequately be discussed at a special meeting of Council.

When the matter was subsequently debated, Mr Baumber suggested that Council had a duty to the membership to reply more fully and to voice its disquiet over the implications for pharmacy contained in the proposals for the effective limitation of professional freedom by a system of licensing. Using licensing with powers of absolute control to solve the problem of queue-jumping and dissatisfaction among NHS staff was using a sledge hammer to crack a nut and was politically suspect. Further, Mr Baumber proposed that the consultative document should be published in the Society's journal so that the membership could see the reasons for the Council's action.

Repercussions

Professor A. H. Beckett referred to the statement in the Practice Committee's minutes that it took the view "that there were no matters specifically affecting pharmacy in the consultative document" and pointed out that pharmacy was part of the health team, and was involved in the NHS, and inevitably therefore anything which touched one sector of the NHS must have repercussions on other sectors, even though they might not be directly involved in the first negotiations. Because of increasing Government control, Professor Beckett suggested the situation was being reached in which inferior scientists—inferior in the sense that they had left "the bench"—were judging the work and performance, etc, of superior scientists. He urged the Council to deplore this interference with the freedom of the individual and the profession.

Mr G. Walker believed Council should comment only on the licensing system. At best the system would limit the right of a profession to private practice, and at worst it could mean that the State became the sole employer of that profession. Council should not be discussing the politics of pay beds. It should be discussing the philosophy which had the potential of removing from learned professions the basic freedom to practise. In his view, the pharmaceutical profession should reject fundamentally the whole principle of licensing, and should seek urgent meetings with other professions in order that a united front might be presented to the Government.

Mr M. Millward agreed, saying that in the context of medicine there was a tendency to think of private medical practice as something concerned with the hospital area. In fact, he believed that when the

regulations were made following the Act, it would be impossible for the Secretary of State, even if she wished, not to control private general practice, a large part of which was concerned with life insurance associations, police authorities, etc, where non-NHS certificates were required.

Mr C. C. Stevens said he did not wish to speak for or against the consultative document. All he asked for was accuracy, and not for the Council to make itself look foolish by making representations in ignorance. It had been suggested that licensing must be opposed, but it should be recognised that it was not licensing as such, but an extension of licensing. Licensing already occurred. Private hospitals of certain character and nursing homes were licensed by local authorities, and on reorganisation of the service, all private hospitals were licensed, the licensing authority being the area health authority.

Mr A. G. M. Madge questioned the effect of licensing on private pharmacy. If the Secretary of State had ultimate control of licensing or contracts, she could take over health centres which would be controlled by doctors and serviced from hospitals and manned by pharmacy technicians. The attack on the medical profession would ultimately prove to be an attack on pharmacy.

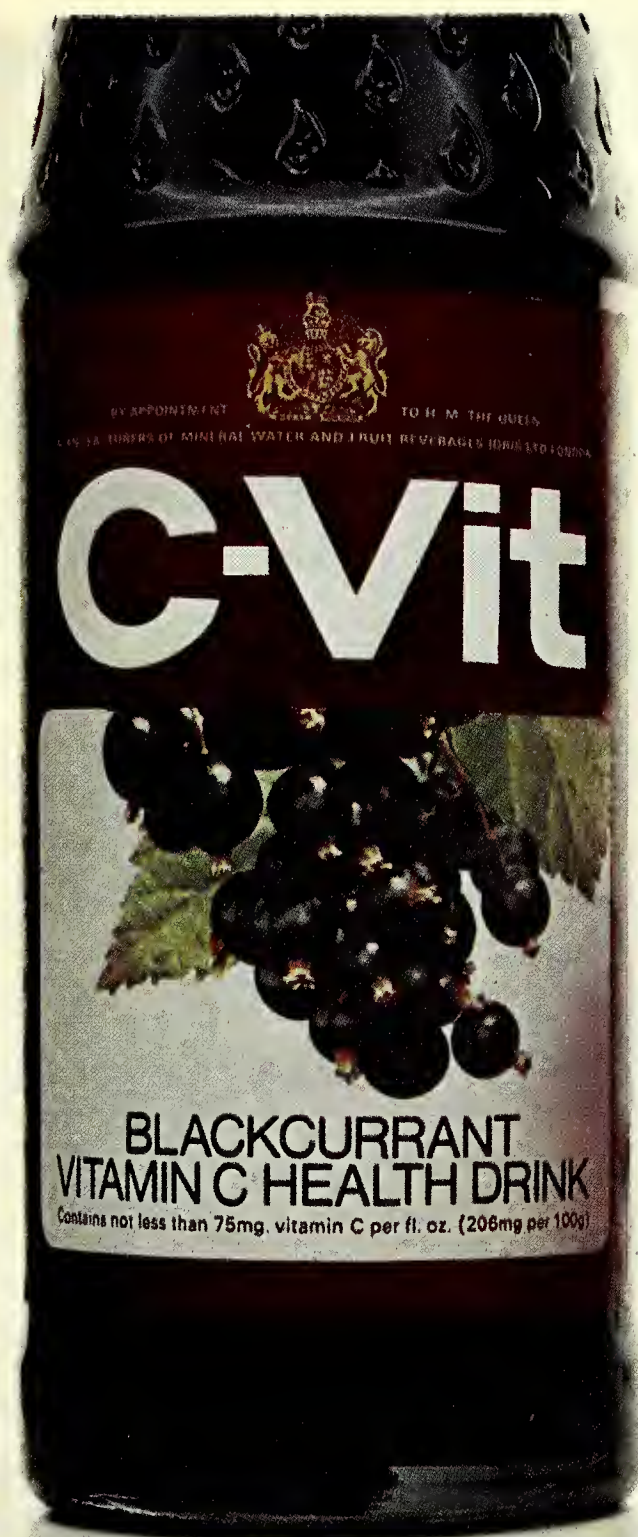
Mr M. Gordon said that the profession was asked to comment upon a document which contained no mention of pharmacy whatever. He suggested that the Council had no right to make a political stand in any way when the membership was composed of people who held political views ranging from one extreme to the other. The Practice Committee's comment was all that was needed. He was prepared to fight the political implications of the document on any other platform, but as a profession, in his view, it would be wrong to take a stand. Agreeing, Mr H. Steinman said the Society would be in an impossible position if it became involved in a political argument. There was a section of pharmacy which belonged to a body which might call it out on strike in support of the closure of private practice in hospitals.

Right to choose

Mr Balmford argued that the proposals took away from the professional person the right to choose where and under what conditions he could carry out his calling. Today it was the hospital consultant, but interference would probably come into the private sector of pharmacy, and it was the duty of the Council to comment on the consultative document. He urged it should be rejected.

The secretary and registrar, Mr D. F. Lewis, pointed out that the medical and dental professions complained about the lack of consultation, but the Society received the consultative document long after it had been given to those two professions. He asked whether in Council's letter it should be stated that the Society shared the concern of the medical and dental professions about increasing Government interference, and that concern be expressed about the lack of proper consultation with the pharmaceutical profession? That was agreed.

Continued on p513



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PSGB Council

Continued from p510

Election papers 'ridiculous'

Mr Walker moved that the order of candidates on the biographical details and statement of policy papers be identical to that adopted for voting papers, that is, in an order determined by ballot. But the motion was defeated by ten votes to eight. Mr W. M. Darling suggested that outsiders might feel the profession "a little ridiculous" in the way that it conducted elections and urged that the earlier decision be reconsidered.

Mr Lewis circulated a paper relating to the history of the Jenkin case. Mr Stevens said that the paper was excellent. The Jenkin case had been misunderstood and Mr Stevens intended at a future date to raise the question of retesting the judgment. In his view it was out of date in present conditions, and had hamstrung the Society in its advance.

Under-represented

A strong complaint is to be made to the Department of Health about the inadequate representation of pharmacy on the Committee on Review of Medicines which is examining medicinal products that have been granted licences of right. Mr Lewis reported the receipt of a letter adding certain names to the list of proposed members. Mr J. C. Bloomfield was among them. Professor Beckett reminded Council that it was a Committee on the review of medicines, not of drugs alone. A number of pharmaceutical problems would be involved and, in his view, it was unsatisfactory that there were only two pharmacists on the list. He asked whether the time had not come for the Council to state that it would refuse to co-operate at all until more satisfactory representation was obtained.

No change is to be made in the length and general structure of the British Pharmaceutical Conference. The Organisation Committee noted that the president had pointed out at the Norwich Conference that commitments had already been made for the 1976 Conference and a member had expressed the hope that the Conference would not be reduced to anything less than five days. In view of the support he received at the closing session, and the continuing high conference attendance which was a further indication that the current programme was satisfactory, Council decided to make no changes.

A letter is to be sent to the Committee on Safety of Medicines asking that general practice pharmacists be included in the circulation of the Committee's new publication, *Current Problems*, which goes to UK doctors, dentists and hospital pharmacists. Patients on long-term therapy often discussed side effects with the pharmacist and he should, therefore, have all up-to-date information.

Concern was expressed by the general practice subcommittee that complaints about the apparent shortage of pharmacies were now being received from urban as

well as rural areas. A meeting is to be arranged with the bodies concerned to discover the facts and explain the Society's view on how best to maintain a pharmaceutical service.

The Practice Committee noted that the Royal College of Physicians' memorandum on the position of ethical committees in hospitals did not refer to pharmacists. It was agreed to ask APhOs to seek inclusion of, or consultation with pharmacists locally, when experimental work involving the medication of patients was under discussion. An indication had been received from the Royal College that that would be a reasonable approach to make.

The Ethics Committee was informed that a meeting with Co-operative superintendent pharmacists had been arranged for October 22 on the subject of advertising. The Society was also in correspondence with the Co-operative technical panel. The Committee agreed that arrangements should also be made for a meeting with Members of Parliament sponsored by the Co-operative movement. It decided that a letter should be sent to the superintendent pharmacist of a particular Co-operative pharmacy company, confirming the opinion that there was no justification for his company departing from the existing general view of the profession that it did not want to use "chemist" in advertising.

Following a complaint by a member of the public that a medicine supplied on an NHS prescription had contained foreign bodies subsequently found to be a beetle and a fly, a local district council had intended to take proceedings under the Food and Drugs Act, but had been precluded from doing so by the decision in the case of *Appelbe v Sleep*. Subsequently a complaint had been out of time under the NHS regulations for any formal action before a service committee. The matter was therefore referred to the Society. The Ethics Committee recommended, and Council agreed, that a strong warning letter should be sent to the pharmacist concerned.

Publicity for decisions

Mr Walker had expressed the view that more publicity should be given to the decisions of the Ethics Committee. The editor of the Society's journal pointed out that Council had agreed some years previously that news value should be the criterion upon which items were selected for inclusion in the Council report. While lack of news value was often the reason for the omission of certain items, there were many other reasons why particular items had to be omitted. For example, matters which were under active discussion or negotiation might not be suitable for reporting. Nevertheless, the policy was to provide as full a report of Council proceedings as possible.

The question was raised again as to whether the members should be provided with a fuller guide upon the nature of professional misconduct, and whether the Statement Upon Matters of Professional Conduct should be supplemented by case history material. It was agreed that that should be reconsidered on a future occasion.

A pharmacist is to be warned against using the description "The chemist" on his

facia boards, in accordance with a decision of the Ethics Committee. It was agreed that he should be told that the use of the definite article created an invidious distinction, and was, therefore, contrary to paragraph 5 of the Statement upon Matters of Professional Conduct.

The Committee agreed that discussion should take place with the Central NHS (Chemist Contractors) Committee concerning the way in which the word "chemist" was used in the reorganised health service.

Mr Millward asked the Ethics Committee to consider the problem created by advertisers who used the phrase "available from all chemists". He suggested that the use of such phrases could constitute an implied professional endorsement of the product being advertised. As the Trade Descriptions Act was being reviewed at the present, it was suggested that representations on the subject might be made to the Director of Fair Trading and to the Medicines Commission.

The New Legislation Committee considered the Department of Health's review of licensing fees under the Medicines Act 1968 which was intended to recoup the entire cost of the licensing system now running at £1¼m a year. During discussion, it was said that the proposed considerable increase in fees would overburden the industry, with the probability that some small firms would go out of business and that some pharmaceutical products might no longer be available. It would probably increase retail prices, both results being detrimental to the public. It was felt that all or part of the cost of the licensing system should be borne by central funds. The Committee also felt that the special reference to retail chemists in the present regulations should be retained, and the £10 fee continue to apply, irrespective of turnover.

Mr Lewis reported that a requisition for a special general meeting of the Society, signed by Mr M. E. Millward and 29 members of the Society, had been withdrawn. The subject had been referred to the Ethics Committee.

A letter is to be sent to the Department of Health giving the Society's views on radiopharmaceuticals preparation in hospitals. While recognising the special problems, Council was opposed to any move which would result in the imposition of requirements in relation to facilities, environment and quality control, which were less stringent than those for other medicinal products.

A discussion is to be held with the Medical Council on Alcoholism on the subject of drug interactions with alcohol and the best way of warning persons that the alcohol in the correct dose of certain medicines may cause such reactions.

Hospital group meets

The inaugural meeting of the Hospital Pharmacists Group of the Pharmaceutical Society will be on November 12, at 7 pm at 17 Bloomsbury Square. The chair will be taken by Mr J. C. Bloomfield, chairman of the hospital practice subcommittee. Professor P. H. Elworthy is to speak on "Higher education for hospital pharmacists" and the draft constitution will be discussed.

Company News

Macarthy's figures show 'healthy growth'

Figures showing "substantial and healthy growth, promise of expansion in a number of directions and a strong balance sheet following the recent rights issue" were mentioned by Sir Hugh Linstead, chairman, Macarthy's Pharmaceuticals Ltd, at the annual general meeting.

Turnover just over £46m (£36m) and profit after tax £734,000 (£673,000) have been achieved after charging in the one year the costs of closing two wholesale depots and transferring £50,000 to the group pension fund. Profits of over £43,000 arising from sale of properties has been more than offset by writing off nearly £52,000 of goodwill arising out of the purchase of retail businesses.

A turnover increase of 25 per cent "when price inflation in the pharmaceutical field has probably been" 15 per cent could have brought a substantial problem in the financing of greatly increased stock. Tight stock control had resulted in over £9m in sales with an increase of £800,000 only in stock value at year end. Final recommended dividend was 1.35p per share.

"Up to the end of July—that is, for the first quarter of our financial year—the Group recorded an increase in turnover in excess of 28 per cent over last year. The turnover of our wholesale companies shows an increase in comparison with the same period of the previous year of more than 30 per cent. This includes our Numark depots; it is significant and encouraging that the increase in their sales over the corresponding period have been some 150 per cent. Retail turnover is up by 23 per cent and our surgical business, now operating as a separate company, has moved up by well over 20 per cent."

Exports of veterinary and surgical products and dialysis solutions continue to expand and the prospects are good.

Fisons—new proprietaries?

Fisons Ltd pharmaceutical division are evaluating a range of proprietary medicines acquired when Fisons Pty, the Australian subsidiary, took over Rosken Pharmaceuticals in 1972. A spokesman told *C&D* that there were no definite plans yet to launch the range in the UK.

Syntex research centre

Work began on Monday on a major international research centre for the development of drugs to combat heart disease. At a ceremony Lord Balerno of Currie dug the first turf on a six-acre site at Heriot-Watt University, Edinburgh, marking the start of building operations for the £1.25m first phase of the European research facility of Syntex Corporation.

Heriot-Watt University has leased six

acres of land on the research park of its new campus at Riccarton, Edinburgh, to Syntex Pharmaceuticals Ltd for this new research centre. The Corporation is expected to invest initially a total of £1.25m to develop the Centre and to expand its areas of interest from cardiovascular research into other fields of therapeutic research in due course.

Syntex had surveyed a number of sites in other European countries before deciding to establish the Centre in Scotland, in a unique association with a university.

Beatson Clark recovery

The overall prospects for the glass container industry are beginning to improve and trading results should be somewhat better than those for 1974, reports Mr A. W. Clark, chairman, Beatson Clark. Sales in the first half of 1975 were £5.84m compared with £4.55m in the same period during 1974. The company continues to retain a major share of the UK pharmaceutical business. Profit before tax fell from £497,000 to £298,000 in the first half of 1975. Interim dividend held at 1.47p.

SmithKline acquisition

SmithKline Corporation have acquired a controlling interest in Laboratories Gremy-Longuet, a French manufacturer of ethical pharmaceuticals headquartered in Clichy on the outskirts of Paris, with pharmaceutical manufacturing facilities in Limay, 35 miles west of Paris. The company's sales in the last fiscal year were 71m French francs. "This acquisition is a significant step forward in our policy of increasing our penetration into major international markets" said Robert F. Dee, president and chief executive officer of SmithKline Corporation. Gremy-Longuet also markets an all-purpose antiseptic and a number of dietary food supplements under the Milical brand name.

Briefly

The headquarters and South-eastern region offices of the **Freight Transport Association** are now at: Hermes House, St John's Road, Tunbridge Wells, Kent TN4 9UZ. Tel: Tunbridge Wells 26171.

Appointments

M. W. Hardy & Co Ltd: Joan Harris and Stan Schneider have been appointed associate directors of the company.

Warner Lambert Co have elected Mr Eugene J. Sullivan, president and chief operating officer of Borden Inc, a director of the company.

Independent Chemists Marketing Ltd have appointed Martin Edwards national sales manager. Previously he was regional sales development manager and has been with the company since 1969.

Unichem Ltd have appointed Mrs Jennifer Marton and Mr M. McGown, sales representatives. Mrs Marton will be based on the Kingston and Croydon branches, serving customers in West Sussex and Hampshire, Mr McGown will cover the South-east London area based on Croydon branch.

Beecham Group Ltd: Mr D. N. A. McLure and Mr J. D. Pollard have been appointed directors of Beecham Group Ltd. Mr

McLure is chairman of the proprietaries division of Beecham Products and is responsible for the production and marketing of Beecham toiletries, proprietary medicines and adhesives in the UK and EEC countries. He joined Beecham as marketing director of the toiletries division in 1965 and became vice-chairman (marketing) of the Beecham Products division in 1970. Mr Pollard is chairman of the international division of Beecham Pharmaceuticals and is responsible for the production and marketing of prescription medicines in all parts of the world except North and South America, Australasia and the UK. He joined the company in 1955 as an executive trainee.

Coming events

Monday, October 13

Brighton and Hove Branch, Pharmaceutical Society, School of Pharmacy, Brighton Polytechnic, at 7.30 pm. Film on "Health from the sea: nutrition of man and animals."

East Metropolitan Branch, Pharmaceutical Society, Churchill room, Wanstead Library, Wanstead, London E11, at 8 pm. Dr R. Goulding (poison's unit, Guy's group of hospitals) on "The treatment of poisoning and overdosage".

Nottingham Branch, Pharmaceutical Society, Postgraduate medical centre, City Hospital, Nottingham, at 8 pm. Professor S. S. Davis on "A spoonful of sugar helps the medicine go down".

Southampton Branch, Pharmaceutical Society, Postgraduate medical centre, Southampton General Hospital, at 8 pm. Illustrated talk by Dr J. R. E. Dathan on "Present day treatment of chronic renal failure".

Tuesday, October 14

Galen Group, Pharmaceutical Society, Friend's Meeting House, Park Lane, Croydon, at 8 pm. Mrs M. Hinton on "1,000 years of history in Croydon".

Liverpool Branch, Pharmaceutical Society, Adelphi, Liverpool, at 8 p.m. Film on "Ostomy management".

Northumbrian Branch, Pharmaceutical Society, Postgraduate medical centre, Newcastle General Hospital. Mr F. C. Walker on "Treatment of disorders of the colon".

Royal Society of Health, Pharmaceutical Society, Bloomsbury Square, London WC1. Pharmaceutical group annual dinner.

Wednesday, October 15

Cardiff and South Glamorgan Branch, Pharmaceutical Society, UWIST, at 7.30 pm. Mr C. Brook on "The need for population control".

Harrogate Branch, Pharmaceutical Society, Smith's Arms, Beckwithshaw, at 8 pm. Rev R. Kent on "Ghosts".

Industrial Pharmacists Group, Pharmaceutical Society, Byng Kenrick suite, University of Aston, Birmingham, at 2 pm. "Registration of pharmaceutical products and the impact of the EEC directives": speakers, Mr F. G. Farrell, Mr W. A. Baker.

West Dorset Branch National Pharmaceutical Union, Kings Arms Hotel, Dorchester, at 7.45 pm. Annual meeting.

Worthing and West Sussex Branch, Pharmaceutical Society, Beach Hotel, Marine Parade, Worthing, at 8 pm. Mr A. R. G. Chamings on "Report on the pharmaceutical conference".

Thursday, October 16

North-east division, National Pharmaceutical Union, Victoria Hotel, Bradford, at 8 pm. Mr T. D. Clarke on "Relationship between contractual and managed pharmaceutical services".

Friday, October 17

Merseyside Branch, National Association of Women Pharmacists, The Museum, Liverpool School of Pharmacy, at 7.30 pm. Coffee evening plus slides.

Saturday, October 18

Portsmouth Pharmacy Past Students Association, Centre Hotel, Portsmouth, at 7.30 pm. Annual reunion buffet.

Market News

Looking to China

London, October 8: Trading in essential oils has been restrained during the week with buyers and sellers wondering what will be the pricing policy of China at the Canton Fair which opens next week. It is understood that quite a number of buyers have already left the UK for the Fair. Little business was transacted in the past year with China hence the big falls which have occurred compared with the previous year.

Among crude drugs, difficulties in shipping from Nigeria has caused a shortage of kola nuts on the spot and the price has again risen. The same stoppage may be a contributory factor to the firmness of ginger from that origin. Dearer also were Peru and copaiba balsams, lemon peel, Madagascar cloves and Sarawak pepper. Lower were gentian root, squill and senega. Shipments of Tinnevely senna from the port of Tutin during August were:

	UK	US	Europe
	Tons	Tons	Tons
Senna leaves	2	39	252
pods	5	3	324

Chemicals are expected to remain firm despite better stocks and some weakness on the Continent. In fact the higher cost of oil to take effect soon is bound to start another round of increases. Soft and liquid paraffin are expected to go up at the end of the year.

Pharmaceutical chemicals

Bismuth salts: £ per kg.

	under 50-kg	50-kg	250-kg
carbonate	9.18	8.95	8.90
salicylate	7.66	7.45	—
subgalate	8.13	7.90	—
subnitrate	8.33	8.10	8.05

Borax: EP grades, 2-4 ton lots per metric ton in paper bags, delivered—granular £150; crystals £205; powder £165; extra fine powder £173.

Boric acid: EP grades per metric ton in 2-4 ton lots for British material—granular £201; crystals £275; powder £220; extra fine powder £229. Imported material plus £42.00.

Calamine: BP £557 per 1,000 kg.

Calcium gluconate: £957 per metric ton.

Calcium lactate: 250 kg lots £412 metric ton.

Calcium sodium lactate: £0.90½ kg in 50-kg lots.

Cantharadin: 100-g lots £0.75 per g.

Carbon tetrachloride: Technical in 4-ton lots

£185.60 metric ton.

Chloral hydrate: 50-kg lots £1.00 kg.

Chloroform: BP from £337.50 metric ton in 280-kg drums to £405 in 35-kg drums. 2-litre bottles £1.61 each; anaesthetic £0.66 per 500 ml bottle.

Citric acid: BP granular hydrous per metric ton. Single deliveries from £581 to £619 as to maker. Anhydrous from £624 to £665. Five-ton contracts £578-£617 and £626-£663 respectively.

Errous fumarate: £1.25 kg for 50-kg lots.

Errous gluconate: £1,395 metric ton delivered.

Errous phosphate: In kegs £553.80 metric ton.

Hydrogen peroxide: 35 per cent £200 metric ton.

Polyposphites: £ per kg

	12½-kg	50-kg
calcium	3.07	2.94
iron	5.72	5.58
magnesium	4.87	4.48
manganese	6.12	5.72
potassium	4.20	4.06
sodium	3.48	3.14

Soprenaline: Hydrochloride £36.00 kg; sulphate £32.00.

Tetol: Photo grade per kg, 50-kg lots £5.23; 50-kg £5.06½.

Paraffins: Liquid BP heavy £1,329 gal; light BPC £1,197—for 1 to 5 drum lots; technical white oils WA23, £1,104, WA21, £1,058. Petroleum jelly BP soft white £250.20 ton; yellow from £190 to £240.60.

Crude drugs

Aloes: Cape £1.00 kg spot; £0.99½, cif. Curacao £1.35 nominal spot.

Balsams: (kg) Canada: £15.30 spot; £14.70, cif for shipment. Copaiba: BPC £1.70 spot; £1.60 cif. Peru: £4.75 spot; £4.45, cif. Tolu: £3.40 spot.

Chillies: Uganda £770 ton, cif.

Cloves: Madagascar £2,600 per ton, cif.

Gentian: Root £1.38 kg, spot; £1.30 kg, cif.

Ginger: (ton, cif) Cochin £590. Jamaican No 3 £700; Nigerian split £475, peeled £570.

Kola nuts: £195 metric ton spot nominal; £185, cif.

Lemon peel: £730 metric ton spot; £700, cif.

Lobelia: European herb £900 metric ton new crop, November delivery. American £950, cif.

Lycopodium: Russian £4.10 kg; £3.80, cif.

Pepper: (ton) Sarawak black £765 spot; £705, cif; white £980 nominal; £910, cif.

Senega: Canadian £12.90 kg spot; £13.30, cif.

Squill: Italian spot nominal, £830 metric ton, cif, new crop. Indian £170, cif.

Turmeric: Madras finger £215 ton, cif.

Witchhazel leaves: Spot £2.05 kg; £1.90, cif.

Essential and expressed oils

Almond: Sweet in drum-lots £1.20 kg.

Anise: £14.50 kg spot; £13.50-£13.60, cif, as to position.

Cedarwood: Chinese £0.87 kg spot; £0.81, cif.

Clove: Madagascar leaf £2.00 kg spot; £1.75, cif.

English distilled bud £23.00.

Fennel: Spanish sweet £11.00 kg spot.

Geranium: (kg) Bourbon £26.50 spot.

Ginger: English distilled £65.00 kg.

Lavandin: About £5.00 kg.

Lavender: French £19.50 kg spot.

Lavender spike: £10.25-£12.50 kg spot.

Lemon: Sicilian best grades from £6.00 kg.

Lemongrass: £3.10 kg spot; £2.80, cif.

Lime: West Indian from £9.50 kg spot.

Mandarin: £6.00 kg.

Olive: Spot, ex wharf—Spanish origin cartons of 6 x 1 gal £4.75 gal. Mediterranean, £1,150 metric ton in 200-kg drums.

Palmarosa: Brazilian spot £7.00 kg.

Patchouli: £4.25 kg spot and cif.

Pennyroyal: To arrive £9.00 kg.

Peppermint: (kg) Arvensis Brazilian £3.80 spot; £3.70, cif. Chinese £3.90 spot; £3.55, cif. American piperata £15.00-£15.50.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

Markets Editor retires after 26 years with C&D

Chemist & Druggist staff, and publishers Benn Brothers Ltd, last week said an "official" farewell to one of C&D's longest serving members, Mr W. S. Bowman, FPS, MIPharmM, on his retirement as Market Editor. At a lunch to mark the occasion, Mr T. J. Benn, managing director, said that they were honouring "a real professional in a very professional profession"—a fact that had been marked last year by a Fellowship of the Pharmaceutical Society.

Recalling that Mr Bowman had been with C&D for 26 years, Mr A. Wright, editor, spoke of the way he had helped the paper "bridge the gap" between the days of essential oils and crude drugs of the past, and the modern synthetics and antibiotics. His experience was unique and always at the disposal of subscribers—recently a company faced with stopping production for want of a certain drug had a source located by Mr Bowman in Germany and a quotation on its way in a matter of hours. Mr Wright said he was thankful that this expertise would remain available to C&D as Mr Bowman was to continue preparing the Market Report in retirement. In recent years, he had added pharmacy management to his C&D roles—including being the expert on VAT.

Mr Wright went on: "He rarely tells us of his achievements or of his past and it is through other sources, the monthly

Cumbria, Lake District Life and Frank Haley, I know of his achievements since being an organist in the little Methodist church, at Newbiggin, of coming to London, being bombed out twice, and working in retail and on the night shift of one of the more famous names in pharmacy. From that source I also know of one occasion when Lord Moran sought his advice concerning the treatment of one of his patients suffering from indigestion. The treatment was successful which is probably just as well for all of us here, the patient was Winston Churchill, then coping with Dunkirk. I am informed that Winston approved of it too, for he consumed gallons of the Bowman mixture throughout the war."

'Thank you'

Mr Wright finally added a sincere "thank-you" for Mr Bowman's help and guidance and hoped he and Mrs Bowman would enjoy good health and a long and happy retirement.

In reply, Mr Bowman referred to the changes in staff, in printers and in office location he had seen—but always C&D had managed to come out on time. He had been warned that in retirement people "slithered into a vegetable existence"—but through his continuing contact with friends in "the markets" he hoped to prove that prophesy wrong.

Mr Bowman (centre) receives a mantle clock, the parting gift of his colleagues, from Mr R. Woolley, deputy chairman, Benn Brothers. Looking on are Mrs Bowman and Mr A. Wright, C&D editor



The demand for

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Publication date Every Saturday.

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Screen 100.

Display/Semi Display £4.00 per single column centimetre, min 25mm. Column width 42mm.

Whole page £300 (254mm x 178mm).

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Lineage £0.80 per line, minimum 5 lines @ £4.00.

Box Numbers £0.35 extra.

Series Discounts 5% on 3 insertions or over. 10% on 7 insertions or over. 15% on 13 insertions or over.

Copy date 4 pm Tuesday prior to publication date. Advertisements should be prepaid.

Circulation ABC July/December 1974, 15,353.

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AGENTS REQUIRED to sell PIZ BUIN SUNGLASSES "for sun safe vision" in Scotland, Northern Ireland, Wales, the Midlands, the North East, South East and South West England. Please write giving details of previous experience, lines carried and exact areas covered. Take advantage and profit from national advertising of the PIZ BUIN SUNGLASSES. All replies treated in confidence to: Mr. O. Goldsmith, P. Oliver Goldsmith Ltd, 18 Station Close, Potters Bar, Herts. EN6 1TS.

Trademark

Trade Mark No. 983718 comprising the word INTERKUR and registered in respect of soaps, perfumes and perfumed non-medicated toilet preparations, essential oils, cosmetics and hair lotions was assigned on the 15th November 1974 by B.K.I. Beauty Kosmetik International of 192 Avenue De La California, 06200 Nice (Alpes-Maritimes) to Laboratories Interku International of 64 Boulevard Napoleon III, 06200 Nice (Alpes-Maritimes). WITHOUT THE GOODWILL OF THE BUSINESS IN WHICH THE TRADE MARK WAS THEN IN USE.

Please mention
C & D when
replying to
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Wanted

WE WILL PURCHASE for cash a complete stock of a redundant line, including finished or partly finished goods packaging, raw materials, etc. No quantity too large. Our representative will call anywhere. Write or telephone Lawrence Edwards & Co. Ltd., 6/7 Wellington Close, Ledbury Road, London W11. Tel Park 3137-B

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GLC

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BAGS, WRAPPING PAPERS, PURSE CALENDARS, CREPE PAPER, CARRIERS, GIFT TAGS, GIFT LABELS, DIARIES, ETC.

Available as usual from:

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Write or phone Exeter 79731
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Orders accepted now for delivery
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Get the facts fast from: **THE VILLAGE LAUNDRY LTD.**, White Lion House, White Lion Square, Hatfield, Herts. Telephone Hatfield 67314/5. "A perfect add-on to any business"

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USA Tahiti Colours (per gross)	5.50	Swedish Story (per box)	6.40
USA Stimula Ribbed (per gross)	10.00	Swiss Green Bank (per gross)	10.50
Japanese Seanes (per gross)	4.25	Extension Sheath (each)	0.60
German High (per 50 pkts)	5.70	Love-Variations Kassette	1.80
French Ticklers (per 50 pkts)	7.45	Plus many more items, including	
German Long Love (per 50 pkts)	5.40	Lingerie, Marital Aids, etc., etc	
Danish Pussycats (per gross)	6.80	For our comprehensive brochure	
Italian Hatu (per gross)	7.75	send 10p to cover p & p.	
ADD 8 PER CENT VAT		FREE promotional literature available with all orders.	

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Self selection will increase your toiletry sales sufficiently to pay for a complete shop modernisation. As primary manufacturers of wall fittings and counters we offer very early delivery and installation in just one day, or overnight, new shops or old shops or part shops. Immediate quotations without obligation for shopfronts and interiors. Thirsk Shopfittings, 741-743 Garratt Lane, London SW17 0PD. Telephone 01-946 2291 (4 lines).

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We are a rapidly expanding private company specialising in toiletries and aerosol household products.

Outlets for various or all products include grocery, hardware, C.T.N. and chemists and it is necessary that the appointed distributor is actively familiar with at least one of these markets.

Distributors for all or separate markets will be considered.

Please reply in confidence to

BOX NO. 2366

**Our address
for Box No.
replies is**

Chemist & Druggist
25 New Street Square
London, EC4A 3JA
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Detailed information is available from our agents:

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181-183 Warwick Road, London W14 8PU
Tel. 01-370 6181 Telex: 916074

Sole Exporter:

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